**Arthroscopic Anterior Stabilization (with or without Bankart Repair): Dr. Rolf**

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic anterior stabilization procedure. It is not intended to be a substitute for one’s clinical decision making regarding the progression of a patient’s post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

**Phase I – Immediate Post Surgical Phase (Day 1-21):**

Goals:
- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:
- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No pendulum exercises
- No lifting of objects with operative shoulder
- Keep incisions clean and dry

Weeks 1-3:
- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep with sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
• Patient education: posture, joint protection, positioning, hygiene, etc.
• Begin isometrics week 3
• Begin gentle PROM shoulder at 3 weeks post-op
• Begin gentle passive shoulder ER with arm at the side but no passive stretching

Phase II – Protection Phase/PROM (Weeks 4 and 5):

Goals:
• Gradually restore PROM of shoulder
• Do not overstress healing tissue

Precautions:
• Follow surgeon’s specific PROM restrictions- primarily for external rotation
• No shoulder AROM or lifting

Criteria for progression to the next phase:
• Full flexion and internal rotation PROM
• PROM 30 degrees of external rotation at the side
• Can begin gentle external rotation stretching in the 90/90 position

Weeks 4-5
• Continue use of sling
• PROM (gentle), unless otherwise noted by surgeon
  o Full flexion and elevation in the plane of the scapula
  o Full Internal rotation
  o External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
• Pendulums
• Sub maximal pain free rotator cuff isometrics in neutral
• Continue cryotherapy as needed
• Continue all precautions and joint protection

Phase III – Intermediate phase/AROM (Weeks 6 and 7):

Goals:
• Continue to gradually increase external rotation PROM Full AROM
• Independence with ADL’s
• Enhance strength and endurance
Precautions:

- Wean from Sling
- No aggressive ROM / stretching
- No lifting with affected arm
- No strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)

Weeks 6 and 7

- PROM (gentle), unless otherwise noted by surgeon
  - External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
- Begin AROM of shoulder
  - Progress to full AROM in gravity resisted positions
- Begin implementing more aggressive posterior capsular stretching
  - Cross arm stretch
  - Side lying internal rotation stretch
  - Posterior/inferior gleno-humeral joint mobilization
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary

Phase IV - Strengthening Phase (Week 8 – Week 12)

Goals:

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM
- Normalize muscular strength, stability and endurance
- Gradually progressed activities with ultimate return to full functional activities

Precautions:

- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 8-10

- Continue stretching and PROM
  - External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.
• Progress above strengthening program

Weeks 10-12
• Continue stretching and PROM
  o All planes to tolerance.
• Continue strengthening progression program

Phase V – Return to activity phase (Week 12 - Week 20)

Goals:
• Gradual return to strenuous work activities
• Gradual return to recreational activities
• Gradual return to sports activities

• Precautions:
• Do not begin throwing, or overhead athletic moves until 4 months post-op
• Weight lifting:
  o Avoid wide grip bench press
  o No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 12-16
• Continue progressing stretching and strengthening program
• Can begin golf, tennis (no serves until 4 mo.), etc.
• Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.

Weeks 16-20
• May initiate interval sports program if appropriate

Criteria to return to sports and recreational activities:
• Surgeon clearance
• Pain free shoulder function without signs of instability
• Restoration of adequate ROM for desired activity
• Full strength as compared to the non operative shoulder (tested via hand held dynamometry)