

## Shoulder Anterior Stabilization

### **Phase 1 – Maximum Protection**

#### **Weeks 0 to 2**

- Wear sling at all times
- No glenohumeral joint (GHJ) range of motion for 2 weeks
- No shoulder extension with elbow extension

#### Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Postural education

#### Exercise Progression:

- No GHJ ROM for 2 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM
- Elbow flexion PROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

### **Phase 2 – Passive/Active Assisted Range of Motion**

#### **Weeks 2 to 4**

- Wear sling at all times
- Initiate PROM and AAROM at shoulder
  - No shoulder external rotation at 90 degrees of abduction
- Initiate submaximal isometrics directed by therapist
- No shoulder extension with elbow extension

#### Goals:

- Postural education with cervical spine and neutral scapular positioning
- Shoulder flexion to 120 degrees by week 4
- Shoulder external rotation to 30-45 degrees at 45 degrees abduction by week 4

#### Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Gentle submaximal therapist directed isometrics to achieve range of motion

Exercise Progression:

- Supine and upright AAROM using cane, T-bar, pulleys, etc
- DNF and proper postural positioning with shoulder retraction
- Low to moderate intensity cardiovascular work

**Phase 3 – Active Range of Motion**

**Weeks 4 to 6**

- Discontinue sling at 4 weeks
- Continue PROM and AAROM at shoulder
  - No shoulder external rotation at 90 degrees of abduction
- Initiate AROM at shoulder
- No shoulder extension with elbow extension

Goals:

- Shoulder flexion to 150 degrees by week 6
- Shoulder external rotation to 45-60 degrees at 75 degrees abduction by week 6
- Shoulder functional IR reach to beltline by week 6

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Gentle contract-relax and hold-relax to gain range of motion while respecting repaired tissue
- Manual perturbations in supine with arm at 90 degrees flexion and ER/IR at neutral

Exercise Progression:

- Open chain serratus activation
- Prone scapular series less than 90 degrees (rows and I's)
- External rotation against gravity (no resistance)
- Pain-free, submaximal 6 direction rotator cuff isometrics
- Sleeper stretch and function IR reach stretch
- Low to moderate intensity cardiovascular work

**Phase 4 – Progressing Range of Motion and Strengthening**

**Weeks 6 to 12**

- Progress to full PROM and AROM
- Initiate shoulder extension with elbow extension ROM and external rotation at 90 degrees abduction ROM

- Normalize glenohumeral and scapulothoracic arthrokinematics
- Initiate strengthening phase, including elbow flexion, with resistance

Goals:

- Full PROM by week 10
- Full AROM by week 12

Manual Therapy:

- PROM and mobilization to achieve full flexion and external rotation
- Manual perturbations
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening – bilateral progressing to unilateral/tripod position

Exercise Progression:

- Initiate UE bike
- Initiate biceps strengthening at 6 weeks
- Progress serratus punches and prone series by adding resistance as tolerated
- Initiate resisted rotator cuff strengthening
- Progress PNF patterns to standing with protected end range of 90/90
- Initiate closed kinetic chain progression with ½ to ¾ range of motion protecting anterior shoulder capsule
- Able to progress to elliptical for cardiovascular health at 6 weeks
- Able to progress to running at 8 to 12 weeks per tolerance

**Phase 5 – Advance Strengthening and Plyometric Drills**

**Weeks 12 to 24**

- Full ROM with protection at end range 90/90
- Follow up examination with physician at 6 months for release to full activity
- Initiate plyometric drills

Goals:

- Full range of motion with protection at end range 90/90
- Advance gym strengthening program
- Initiate sport specific exercises at 12 weeks
- Initiate interval throwing program for athletes at 18-20 weeks

Manual Therapy:

- STM and joint mobilization to glenohumeral, scapulothoracic, and cervicothoracic as needed

- Manual perturbations
- PNF patterns

Exercise Progression:

- Full ROM in all planes with protected end range 90/90
- Progress rotator cuff and scapular strengthening program
- Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises
- Initiate plyometric and rebounder drills

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval throwing program

Anticipated return to sports:

- 6 months for contact athlete
- 9 months for throwing athlete, swimmer, or volleyball player