PLANO ORTHOPEDIC
& SPORTS MEDICINE CENTER

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Orthopedic Sports Medicine
Postoperative Protocol

Multidirectional Instability Protocol

Phase 1 – Maximum Protection
Weeks 0 to 3

- Wear sling (strap around waist) or shoulder immobilizer at all times
- No glenohumeral joint (GHJ) range of motion for 3 weeks

Goals:

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

Exercise Progression:

- No GHJ ROM for 3 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM
- Elbow AROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase 2 – Passive/Active Assisted Range of Motion
Weeks 3 to 6

- Wear sling (strap around waist) or shoulder immobilizer at all times
- Initiate PROM and AAROM at 3 weeks within range of motion restriction
- Initiate isometric muscle activation at 4 weeks

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Postural education
- PROM/AAROM restrictions
    - Week 3: Flexion 0-90 degrees, abduction 0-90 degrees, external rotation 0-30 degrees at neutral, internal rotation progress as tolerated
    - Week 4: Flexion 0-120 degrees, abduction 0-90 degrees, external rotation 0-30 degrees at neutral, internal rotation progress as tolerated
    - Week 5: Flexion progress as tolerated, abduction 0-90 degrees, external rotation 0-45 degrees at neutral, internal rotation progress as tolerated

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- STM to shoulder and cervicothoracic complex
- Passive range of motion
- Gentle submaximal therapist directed isometrics at 4 weeks

Exercise Progression:

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

Phase 3 – Progressive Range of Motion/Active Range of Motion

Weeks 6 to 8

- Discontinue sling/immobilizer at 6 weeks
- Progress PROM and AAROM at shoulder
- Initiate AROM at shoulder

Goals:

- Progress range of motion
- PROM/AAROM/AROM restrictions
    - Week 6: Flexion 0-90 degrees, abduction 0-120 degrees, external rotation 0-45 degrees at neutral, internal rotation progress as tolerated
    - Week 7: Flexion 0-120 degrees, abduction 0-120 degrees, external rotation progress as tolerated, internal rotation progress as tolerated
    - Week 8: Progress as tolerated in all directions

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex

Exercise Progression:

- Initiate UE arm bike (shoulder flexion less than 90 degrees)
- Open chain serratus activation
- Prone scapular series less than 90 degrees (rows, T's, I's)
- External rotation against gravity (no resistance)
- Pain-free, submaximal 6 direction rotator cuff isometrics
- Low to moderate intensity cardiovascular work (able to perform elliptical)

Phase 4 – Progressive Range of Motion and Strengthening
Weeks 8 to 12

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Initiate strengthening phase with resistance
- Initiate closed kinetic chain exercises with focuson scapular and core stabilization

Goals:

- Full ROM in all directions by 10-12 weeks
- Progress strength of limb
- Core and scapular stabilization

Manual Therapy:

- PROM and mobilization to achieve full range of motion in all directions
- Manual perturbations in supine with arm at 90 degrees flexion and ER/IR at neutral
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening – bilateral progressing to unilateral/tripod position

Exercise Progression:

- Progress scapular series above 90 degrees
- Progress serratus punches and scapular series by adding resistance as tolerated
- Initiate resisted strengthening
- Initiate posterior capsular stretching (sleeper stretch) and functional IR stretch (HBB) at 10 weeks
- Emphasis on scapular and core stability with open and closed kinetic chain exercises for proximal muscular control

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 at 12-14 weeks
- Sport specific drills

Goals:

- Full range of motion
- Core and scapular stabilization
- Advance gym strengthening program
- Progress to sport demands

Manual Therapy:

- STM and joint mobilization to glenohumeral, scapulothoracic, and cervicothoracic as needed
- Manal perturbations
- PNF patterns

Exercise Progression:

- Full ROM in all planes with protected end range 90/90
- Advance gym strengthening program maintain respect for repaired tissue
- Initiate plyometric and rebounder drills at 12-14 weeks starting with double hand and progressing to single hand
- Initiate interval throwing program and sport specific drills at 18-22 weeks for nondominant arm and 22-24 weeks for dominant arm
- Continue to emphasize and progress scapular and core stability in open and closed kinetic chain exercises for proximal muscular control

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:

- 6-9 months for nonthrowing and throwing athlete