



Arthroscopic Anterior Stabilization
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	PRECAUTIONS	Shoulder ROM	EXERCISES
Phase 1: 0-2 weeks 2-3x/week	Ultrasling with bolster day and night	none	AROM of the neck, hand/grip, wrist, and elbow **avoid active elbow flexion x 4-6 weeks if biceps tenodesis or SLAP repair. Perform active-assisted elbow motion instead**
Phase 2: 2-6 weeks 2-3x/week	Ultrasling with bolster day and night MD will clear to drive	Limit: ER 30° IR 60° Flex 90° Extension 0°	Continue Phase 1 exs. Gentle Passive ROM in scapular plane **PROM is NOT STRETCHING** Pendulums Scapular isometrics
Phase 3: 6-8 weeks 2x/week	D/C Sling No aggressive stretching	Limit: ER 60° IR 90° Flex 140° Extension - limited	Gentle AAROM to AROM progressions Light Elbow PRE's (arm at side) RTC and Deltoid Isometrics Light rows/ scap retraction
Phase 4: 8-12 weeks 1-2x/week	none	Full AROM	Mid-range RTC PRE's below shoulder level Gentle posterior capsule stretch Rhythmic stabilization - begin with short lever arm week 8 Prone I, T, Y's Improve scapular stabilization
Phase 5: 12-16 weeks 1-2x/week	none	Full	Rhythmic stabilization - begin with long-lever arm week 12 Increase weight/resistance of RTC and deltoid program Small body blade "Thrower's Ten" program Stretch tight posterior capsule
Phase 6: 16-24 weeks 1x/week	none	Full	RTC strengthening in all planes (90/90) Dynamic stabilization exercises Plyometrics Surgeon will give clearance for throwing program (5+ months) Surgeon will give clearance for weight lifting (5+ months) QuickDash <20% to return to work.

MD post-op appts: 1 week, 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to each one.

**When possible, obtain operative report for exact extent of repair.

** Decrease loads and strains on anterior capsule at least 10 weeks. **GO SLOW!!** Most young athletes are not going to get tight.

This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post-op instructions.