
PHYSICAL THERAPY REHAB PROTOCOL

Recurrent Anterior Shoulder Instability

Rehab Protocol

Weeks 0–4: Post-Operative Phase

Sling immobilizer at all times except for showering and exercise.

- **No shoulder ROM**
- AROM wrist and elbow
- Scapular pinches

Weeks 4–6: Phase I (Home Exercise Program)

Sling immobilizer at all times except for showering and exercise.

Exercises

- Passive ER and extension to neutral
- Passive FF in scapular plane to 90°
- AROM wrist and elbow
- Scapular pinches
- Pain-free submaximal deltoid isometrics

Weeks 6–10: Phase II (Start Formal Physical Therapy)

Sling immobilizer at all times except for showering and exercise. Discontinue at week 8.

Exercises

- Passive and active assisted FF in scapular plane to 145° (cane and pulley)
- Passive and active assisted ER — do not force, no set ROM limits
- Manual scapular side-lying stabilization exercises
- IR/ER submaximal pain-free isometrics
- Modalities as needed

Advancement Criteria

- FF to 160°
- ER to 40°
- Normal scapulohumeral rhythm
- Minimal pain and inflammation

Weeks 10–14: Phase III

Exercises

- AAROM for full FF and ER
- AAROM for IR — no limits
- Scapular and lat strengthening
- Humeral head stabilization exercises
- Begin biceps strengthening
- Progress IR/ER to 90/90 position if required
- General upper extremity flexibility exercises

Advancement Criteria

- Normal scapulohumeral rhythm
- Full upper extremity ROM
- Minimal pain and inflammation

Weeks 14–18: Phase IV

Exercises

- Continue full upper extremity strengthening program
- Continue upper extremity flexibility exercises
- Activity-specific plyometric program
- Begin sport- or activity-related program
- Address trunk and lower extremity demands

Begin Throwing Program

- Begin light tennis ball tossing at 20–30 ft max at 60% velocity; work on mechanics of wind-up, early cocking phase, late cocking phase, acceleration and follow-through
- Throwers begin re-entry throwing program on level surface (criteria to start the program are listed in the re-entry throwing protocol)
- Continue strengthening and stretching programs
- Emphasize posterior capsule stretching

A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

These instructions are general guidelines from Dr. Tannenbaum's office. Always follow any specific instructions given to you by Dr. Tannenbaum or his team. Questions? Call Southern Indiana Orthopedics at (812) 376-9353.