



7858 Shrader Rd  
Richmond, Virginia 23294  
Anterior Shoulder Stabilization  
Rehabilitation Protocol

## Anterior Shoulder Stabilization Rehabilitation Guidelines

The following anterior stabilization progression guidelines are both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. The rehabilitation program following anterior shoulder stabilization emphasizes early, controlled motion to prevent contractures and to avoid excessive passive stretching later on. External rotation and extension of the shoulder are progressed slowly to protect the repair of the labrum and to avoid excessive stretching of the anterior capsule.

The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Overhead activities are progressed last. Follow physician's modifications as prescribed

Note: Progression of range of motion is slower for arthroscopic stabilization than for open stabilization



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## POST-OPERATIVE PHASE I: Week 0-3 (Maximum Protection)

GOALS	<ul style="list-style-type: none"><li>▪ Promote healing</li><li>▪ Reduce inflammation and swelling</li><li>▪ Elevation in plane of scapula: to 90°</li><li>▪ External Rotation:<ul style="list-style-type: none"><li>○ Arthroscopic Stabilization: Neutral</li><li>○ Open Stabilization: 30°</li></ul></li><li>▪ Independent home exercise program</li></ul>
PRECAUTIONS	<ul style="list-style-type: none"><li>▪ Immobilizer at all times when not exercising</li><li>▪ Limit External Rotation and Extension<ul style="list-style-type: none"><li>○ ER limited to neutral if <b>Arthroscopic</b></li><li>○ ER limited to 30° for <b>Open</b></li></ul></li></ul>
TREATMENT RECOMMENDATIONS	<ul style="list-style-type: none"><li>▪ Active Assist ROM (AAROM) elevation in plane of scapular</li><li>▪ AAROM External Rotation to Neutral</li><li>▪ Scapular mobility and stability<ul style="list-style-type: none"><li>○ Side-lying, progressing to manual resistance</li></ul></li><li>▪ Sub-max deltoid isometrics in neutral</li><li>▪ Modalities for pain and edema</li></ul>



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	<ul style="list-style-type: none"><li>▪ Emphasize patient compliance to HEP and protection during ADLs</li></ul>
EMPHASIZE	<ul style="list-style-type: none"><li>▪ PROTECTING SURGICAL REPAIR</li><li>▪ Patient compliance with sling immobilization</li></ul>
MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE	<ul style="list-style-type: none"><li>▪ External Rotation to neutral if arthroscopic or 30° for Open</li><li>▪ Elevation in plane of scapula: to 90°</li><li>▪ Minimal pain or inflammation</li></ul>

## POST-OPERATIVE PHASE II: Week 3-6

### GOALS

- Continue to promote healing
- Arthroscopic: External rotation to 45°; Elevation to 120°
- Open: External Rotation to 60°; Elevation to 145°
- Begin to restore scapula and rotator cuff strength

### PRECAUTIONS

- Limit External rotation to 45° (arthroscopic)
- Avoid excessive stretch to anterior capsule
- Avoid rotator cuff inflammation

### TREATMENT RECOMMENDATIONS

- D/C immobilizer (MD directed)
- AAROM FF and ER
- Scapular stabilization
- Sub-maximal isometrics ER/IR
- Modalities for pain and edema
- Progress HEP

### EMPHASIZE

- Avoiding excessive stretch to anterior capsule
- Avoiding inflammation of rotator cuff

MINIMUM CRITERIA  
FOR ADVANCEMENT  
TO NEXT PHASE

- Minimal pain and inflammation
- Arthroscopic: External rotation to 45°;  
Forward flexion to 120°
- Open: External rotation to 60°; Forward  
flexion to 145°
- Internal rotation/ external rotation  
strength 4/5

## POST-OPERATIVE PHASE III: Week 6-12

<p>GOALS</p>	<ul style="list-style-type: none"> <li>▪ Restore full shoulder range of motion</li> <li>▪ Restore normal scapulohumeral rhythm</li> <li>▪ Upper extremity strength 5/5</li> <li>▪ Restore normal flexibility</li> <li>▪ Begin to restore upper extremity endurance</li> <li>▪ Isokinetic IR/ER strength 85% of unaffected side</li> </ul>
<p>PRECAUTIONS</p>	<ul style="list-style-type: none"> <li>▪ Avoid rotator cuff inflammation</li> <li>▪ Continue to protect anterior capsule</li> <li>▪ Avoid excessive passive stretching</li> </ul>
<p>TREATMENT RECOMMENDATIONS</p>	<ul style="list-style-type: none"> <li>▪ Initiate AAROM IR</li> <li>▪ Progress isotonic and stabilization exercises for periscapular and RC muscles</li> <li>▪ Humeral head rhythmic stabilization</li> <li>▪ PNF patterns as tolerated</li> <li>▪ UE endurance (UBE)</li> <li>▪ Initiate flexibility exercises as needed</li> <li>▪ Modify HEP</li> </ul>
<p>EMPHASIZE</p>	<ul style="list-style-type: none"> <li>▪ PROTECTING SURGICAL REPAIR</li> <li>▪ Avoiding excessive passive stretching</li> <li>▪ Avoiding inflammation of rotator cuff</li> <li>▪ Establishing normal strength base</li> </ul>



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MINIMUM CRITERIA  
FOR ADVANCEMENT  
TO NEXT PHASE

- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- IR/ER strength 5/5
- Full upper extremity range of motion
- Isokinetic IR strength 85% of unaffected side



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## POST-OPERATIVE PHASE IV: Week 14-18

### GOALS

- Restore normal neuromuscular function
- Maintain strength and flexibility
- Isokinetic IR/ER strength at least equal to the unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Prevent Re-injury

### PRECAUTIONS

- Pain free plyometrics
- Significant pain with a specific activity

### TREATMENT RECOMMENDATIONS

- Full UE strengthening
- ER/IR in 90/90 position (overhead athlete)
- Initiate plyometrics
- Sport and activity related program
- Modify HEP

### MINIMUM CRITERIA FOR DISCHARGE

- Pain free Sport or Activity specific program
- Isokinetic IR/ER strength at least equal to unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Independent Home Exercise Program
- Independent Sport or Activity specific program



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