

Physical Therapy Protocol
Arthroscopic Glenohumeral Stabilization

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Prior to Operation (If possible):

Goals:

1. Learn elbow, hand, and wrist exercises
2. Understand sling/pillow
3. Understand limitations and post-operative expectations.

Phase 1: Day of Surgery - Day 7

- Goals:
 1. Protect repair
 2. Control swelling and pain
 3. Maintain elbow, hand, and wrist range of motion

- Exercises/Activity:
 1. Active range of motion elbow, wrist, and hand in sling
 2. Sling is only removed for showering; arm kept at side in shower

Phase 2: Weeks 2-6

- Goals:
 1. Protect repair
 2. Maintain motion of elbow, hand, and wrist.
 3. Minimal shoulder motion

- Exercises/Activity:
 1. Active range of motion elbow, hand, and wrist out of sling with arm at side
 2. Pendulums beginning week 3
 3. Shoulder blade pinches in sling
 4. Shoulder shrugs in sling

- What to do and What not to do:
 1. Out of sling for eating, using computer, writing, and showering

2. Aerobic exercise encouraged (stationary bike, elliptical, stair climber). Should maintain cardiac and lower extremity conditioning with closed chain exercises.
3. Sling **must** be on for sleeping and when out in public
4. Arm held at side when out of sling until week 6
5. Absolutely no pushing, pulling, lifting with operative arm.

Phase 3: Weeks 6-12

- Goals:
 1. Protect repair
 2. Regain full motion shoulder, elbow, hand, and wrist
- Exercises:
 1. Full active and active assist shoulder motion without restriction.
 2. Passive motion allowed in forward flexion to 90
 3. Passive internal and external rotation allowed with arm at side
 4. Active motion elbow, hand, wrist
 5. Scapular stabilization / scapular setting exercises
 6. Pool therapy for range of motion if available (no resistance exercises allowed, just motion)

Phase 4: Beginning week 12:

- Goals:
 1. Protect repair until strength and motion is full
 2. Graduated progressive strengthening
 3. Progressive work/sport hardening, gradual return to sport/work

Return to play individually determined

General guiding principles:

- No shoulder strengthening until week 12
- No shoulder motion except pendulums until week 6.
- Regaining motion should be primarily accomplished through active and active assist exercises. Passive range of motion has an appropriately limited role in the rehabilitation following arthroscopic stabilization.

- Modalities, as appropriate, are fine. However, e-stim should be gentle if used at all and not initiated until week 6.
- Though protocols may be altered on an individual basis, in general, protecting the repair is the primary goal for the first 3 months. Stiffness is typically not a problem with arthroscopic stabilizations. All capsular shifts and ligamentous repairs will stretch over time, regaining “normal” motion too soon, will likely lead to laxity in the future.
- If there are any questions, please call my office. I am happy to discuss the progress of all my patients. Undoubtedly, when the patient, therapist, and surgeon are all on the same page...patients have greater success.