

Brandon M. Tauberg, M.D.

Orthopaedic Sports Medicine Surgeon

Arthroscopic and Shoulder Surgery

www.brandontaubergmd.com

***ANTERIOR STABILIZATION
REHABILITATION PROTOCOL***

Phase I Weeks 0-4:

- Sling for 4 weeks (may increase to six weeks depending on size of repair)
- Passive and active assisted ROM
 - Restrict motion to 90° FF, 20° ER at side, IR to stomach, 45° ABD
- RTC isometrics in sling
- Elbow, wrist and hand ROM
- Grip strengthening

Phase II Weeks 4-8:

- Wean out of sling at week 4 (or 6). Consider use in public for 2 additional weeks.
- Progress passive and active assisted ROM.
 - AROM 160° FF, 45° ER at side/,160° ABD, IR behind back to waist
 - Avoid stress to anterior capsule
- Begin AROM at week 6 with above restrictions
- Strengthening (isometrics/light bands) within AROM limitations
- Start scapular stabilizers strengthening (traps/rhomboids/lev.scap/etc)
- Physical modalities per PT discretion

Phase III Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Advance strengthening as tolerated: isometricsàbandsàlight weights (1-5 lbs); 8-12 reps, 2-3 sets for rotator cuff, deltoid, and scapular stabilizers
- Avoid stress to anterior capsule. Keep exercises above plane of body

Phase IV Months 3-12:

- Progress strengthening program.
 - Only do strengthening 3 times a week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex: weighted ball toss), proprioception (ex: body blade), and closed chain exercises
- Begin sports related rehab at 3 months, including advanced conditioning
- Continue to limit stress to anterior capsule until 4 months
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months
- Return to collision sport on MD approval