



Rehabilitation Protocol for Anterior Instability

General Information

- **Wound care**
 - After surgery, you will have bandages over wounds that can be removed after 72 hours for showering. It is not uncommon to have some fluid leakage, if you notice this, you may remove and replace with another bandage
 - After 72 hours, wounds can be covered with band-aids or other dressings purchased from the pharmacy for the first 7 days. After that no dressing is necessary
 - Always wash hands prior to touching wound
 - Showering is permitted after 72 hours, see bathing instructions below
 - DO NOT get into a pool, bathtub, spa, lake, or ocean until 1-month post-op
 - Please contact our office immediately if you notice any of the following as these could be signs of infection:
 - Fluid leaking from wound beyond 48 hours post-op
 - Foul odor from the wound
 - Any significant redness or warmth around the wound
 - Please check your temperature if you begin to feel ill, warm, or have body chills. Contact our office immediately if your temperature is above 101 degrees or you think you may have an infection anywhere in your body. It is common to have a low temperature within the first week of surgery. Make sure to stay well hydrated as this will help minimize this
 - It is common to have swelling and/or bruising after surgery and is expected. The bruising may start out black-red-purple and change to a yellowish-green color over a few weeks. The bruising may go down the arm. You also may have swelling in your hand. This will go away with time; squeezing a ball or making a fist repeatedly will help with this
- **Blood clots**
 - Surgery may slow the blood flow in your legs, which rarely may result in a blood clot. If a clot does form, your leg will usually become swollen and painful. Walking regularly early after surgery can prevent blood clots as moving the ankle and toes frequently. You should additionally avoid crossing your legs in the initial post-op period
 - Please contact our office right away if you have any leg swelling, tenderness, pain, warmth or redness
 - Call 911 immediately if you begin to have any chest pain, trouble breathing, rapid breathing, sweating, or confusion as this is a sign that a blood clot may have moved to your lungs
- **Activity limits**

- Deskwork when comfortable with sling
- No driving for 6 weeks
- May use arm for activities of daily living with no weight after 6 weeks
- No reaching overhead except with exercises for 12 weeks
- No reaching behind back except with exercises for 12 weeks
- No pushing/pulling except with exercises for 12 weeks
- No sports/heavy activity until therapy program is complete
- **Rehab diary**
 - Please keep track of therapy visits and exercises done at home. Please bring this diary to each clinic visit

Strategies for Independence with Activities of Daily Living (Review with Therapist)

- **Upper body dressing**
 - Select loose-fitting clothing
 - Always dress operative arm first
 - Use nonoperative arm to pull shirt onto the operative arm, pulling the shirt as far up the arm as possible. Use the nonoperative arm to pull the shirt over your head or behind your back and down your body. The nonoperative arm goes into the shirt last
 - Always undress the operative arm last
 - Consider large shirts with buttons or zippers in the first few weeks following surgery or obtain sling specific shirts (www.slingshirt.com OR www.reboundwear.com for shirts with snaps that are easy to wear/remove or search “post-operative shoulder surgery shirt” on Amazon)
 - Remember to keep your operative arm close to your body while assisting with buttoning or zipping
 - Females may consider wearing a camisole or tank top as an alternative to a bra following surgery. If a bra is preferred, consider sports bras that zip or close in the front or a strapless bra to avoid irritation at incision site
- **Lower body dressing**
 - Utilize your nonoperative arm to thread both feet into pants while sitting. Stand up to pull pants up past your hips using your nonoperative arm. When securing pants, the operative arm may assist, but be sure to keep it close to your body
 - Consider pants with elastic
- **Sling management**
 - Week 1-6: sling at all times including sleeping. May be removed only for bathing, dressing and exercises which do not start until after 2 weeks. Sling may be removed intermittently starting in week one to move the elbow, wrist, and hand keeping the arm at the side of the body so there is no motion through the shoulder. The wrist and hand can be moved while in the sling as well
 - After 6 weeks the sling can be discontinued entirely
 - Make sure your elbow remains at a 90° angle while in sling. If your hand becomes swollen, it may be a sign that your elbow is too straight and the elbow position is not 90°. Discuss additional options for edema control with your therapist
- **Bathing**

- You may shower after 72 hours post-op, dressing can be removed for showering
- Your arm comes out of the sling and rests at your side during the shower
- Do not scrub the surgical site
- To wash and clean the underarm of your surgical arm, bend at the waist and let the arm passively move away from your body as you bend forward, similar to pendulum exercises
- No submerging under water in a bath, pool or hot tub until 4 weeks post-op
- Consider purchasing a bath mat for prevention of falls while showering
- **Grooming**
 - Bend forward from your trunk, similar to pendulum exercises, to move your arm away from your body for activities such as bathing, deodorant, and shaving underarms
- **Toileting**
 - Use your nonoperative arm
 - Place toilet paper on nonoperative side
 - Consider using toileting aid
- **Sleeping**
 - Keep sling on when sleeping
 - It is preferred that you sleep on your back or in a semireclined position
 - Consider sleeping in a recliner if available
- **Home management**
 - Consider preparing meals and freezing them prior to surgery
 - Temporarily move frequently used items from higher shelves to counter top level
- **Driving**
 - No driving until 6 weeks post-op
 - Start with low risk driving on local streets and progress to riskier freeway driving

General Guidelines

- The patient is to begin therapy after 2 weeks post-op
- The patient should work with the therapist 1-3x/week until cleared by surgeon
- Please review home exercise program with patient as detailed on this guide
- Please do not add or modify any portions of this protocol without discussing with the surgeon

Phase I: Passive/Active Assisted Range of Motion – 2-4 Weeks Post-Op

- **Goals**
 - Protect repair
 - Diminish pain, inflammation, and swelling
 - Initiate passive range of motion (PROM) and active assisted range of motion (AAROM)
- **Precautions**
 - Week 2-6: sling with abduction pillow at all times, removed for stretching exercises, showering, dressing only. May remove sling at home intermittently when seated and resting to perform active range of motion of the elbow, wrist and hand with your arm at the side. Motion of the hand/wrist should also be performed while in the sling. When walking around home a sling should still be worn.
 - No lifting, reaching, pushing or pulling anything
 - No reaching to the side or behind the body/back
 - No using the arm to push up from a chair
 - There should be no initiation shoulder active range of motion (AROM) during this phase
- **PT Exercises**
 - Regular icing/cold therapy usage
 - Monitor edema in elbow, forearm, hand
 - PROM with therapist manually assisting arm through comfortable range of motion with the patient supine. Motion should include forward elevation (FE) to 90° only, NO external rotation (ER), abduction (ABD), or internal rotation (IR). Should be performed at each therapy visit.
 - AAROM to 90° only if tolerated
 - Gentle isometric exercises using pillow or towel: push/pull but NO IR/ER, 10-15x for 15 sec with 30 sec rest in between
 - Active elbow/wrist/hand ROM – grasping and gripping
 - Cervical, levator scapulae and pectoralis minor stretching
 - Manual retrograde massage and gentle scar mobilization once healed
 - Recumbent bicycle while wearing sling
- **Home**
 - No home exercises at this time

Phase II: Active Assisted Range of Motion - 4-6 Weeks Post-Op

- **Goals**
 - Maintain reduced inflammation and pain
 - Progress AAROM
 - Update home exercise program to include AAROM

- **Precautions**
 - Continue sling wear full time except for bathing, dressing, and exercises
 - No AROM should be initiated prior to 6 weeks
- **Teaching / Exercises**
 - Cryotherapy
 - Moist heat packs
 - PROM with therapist and AAROM with stick or cane in elevation to 120°, abduction to 90°, ER to 20° with arm at side
 - Avoid combined abduction and extension
 - Continue resisted isometrics: push/pull but no ER/IR
 - Start scapular exercises in sling: protraction, retraction, elevation depression
 - Manual therapy and patient mobilization exercises to improve thoracic extension and rotation
 - Continued cervical stretching, mobilization, and manual therapy as indicated
 - Recumbent bicycle
- **Home (Daily Exercises)**
 - Scapula exercises in sling
 - AAROM with stick or cane in elevation to 120°, abduction to 90°, ER to 20° with arm at side

Phase III: Active Range of Motion – 6-12 Weeks Post-Op

- **Goals**
 - Continue working on AAROM as needed and progress to AROM as tolerated
 - Goal to achieve near full AROM by the end of this phase
 - Update home exercises to include AROM
- **Precautions**
 - Sling can be discontinued
 - No lifting overhead and any heavy lifting
 - Focus should be on achieving motion not strength
 - Do not use arm to push up from a chair or for pushing or pulling of any kind outside of exercises
 - AVOID abduction and extension until after 12 weeks to minimize anterior capsule stretch
- **Teaching / Exercises**
 - Scapular exercises continued
 - Unlimited PROM and AAROM in forward flexion, abduction to 90°, ER to 45°, avoid abduction and extension
 - May begin AROM in all planes and progress as tolerated, avoid abduction and extension
 - Posterior glides are ok if needed but no anterior glides
 - Continue resisted isometrics: push/pull but no IR/ER
 - Manual therapy and patient mobilization exercises to improve thoracic extension and rotation as indicated
 - Continued cervical stretching, mobilization, and manual therapy as indicated
 - Progress to LIGHT elastic band exercises after 8 weeks to only 45° in both IR/ER, 3 sets of 10 reps
 - DO NOT progress to heavier bands until after 12 weeks
 - May begin other aerobic training other than bike if desired after 8 weeks (treadmill, stepmaster, elliptical with no arm involvement)

- **Home (Daily Exercises)**
 - Scapula exercises
 - Continue AAROM and progress to AROM as tolerated

Phase IV: Resisted Exercises – 12-24 Weeks Post-Op

- **Goals**
 - Achieve and maintain full AROM
 - Progress strength and improve neuromuscular control
 - Start sports-specific movements towards end of phase if desired
- **Precautions**
 - Progress strengthening slowly, still avoid heavy overhead lifting
 - No return to sports (golf, pickleball, tennis, etc) until after 6 months post op and approval obtained from surgeon
- **Teaching / Exercises**
 - Progress AROM to full in all planes
 - Progress to higher level resistance bands once previous repetitions were only moderately challenging with no motion restriction
 - Body weight exercise using ball on wall with standard progression to incline, knee and then standard push-up, 3 sets of 10 reps
 - Progressive resistive exercise to weight resistance starting at 5 lbs and progressing as tolerated
 - Core / low back / lower extremity strengthening and conditioning as desired
 - Integrate sports specific movements during rehabilitation as desired (week 16-24)
 - Identify sports-specific dysfunctional movement issues if indicated (week 16-24)
- **Home**
 - Home strengthening exercises as appropriate per physical therapist