



# Shoulder Anterior Reconstruction Rehabilitation Protocol

## Phase 1 (0-6 weeks post-op)

### Rehabilitation Goals

Protect the surgical repair & avoid a “stiff” shoulder

### PRECAUTIONS

**NO** active use of arm - must **ALWAYS** wear sling/immobilizer, even when sleeping

### ROM Guidelines

Avoid gaining ROM too quickly by adhering to the following 1,2,4:

- Weeks 1-3: limit flexion to 90° and external rotation to 30° (neutral)
- Weeks 4-6: limit flexion to 135° and external rotation to 50°

### Sling

Sling must be worn except during rehabilitation for the first 8 weeks after surgery

### Wound

- Post-op dressing remains intact until post-op day #3 (~72 hours after surgery)
- May begin showering after post-op day # 3 (no need to cover incision site)
- **Do NOT** submerge shoulder in tub or pool for 4 weeks
- Suture/staple removal @ 10-14 days per Ortho/PT
- Begin scar massage after incision site sloughs/scar is formed



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### Rehabilitation

- \*Note: Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages. If any concerns or complications arise regarding the progress for any patient, physical therapy will contact the orthopedic surgeon.
- Start with the following exercises 1,3,4:
- Modified Pendulum: (May be done in the sling.) While supporting the affected arm with the unaffected hand, move the shoulder forward, backward, side to side and in clockwise and counterclockwise directions. Progress to full pendulum after 3-5 days.
- Supine Assisted Shoulder Flexion: Lie on back with arm down at side and thumb pointed towards the ceiling. Use unaffected hand to grasp the wrist of the affected arm and slowly raise it until a point of mild discomfort (within ranges of motion described above).
- Elbow, Wrist, & Hand: Perform elbow and wrist flexion, extension, pronation, and supination while holding the shoulder in a neutral position at side. For the hand, use a foam ball, newspaper, or theraputty to squeeze repetitively.
- Gentle (“Two Finger”) Isometrics: Use the unaffected hand to provide very light, pain free resistance during shoulder flexion, adduction, extension, and abduction (No rotation).
  - Add gentle, pain free resistance for IR & ER starting weeks 3-4
- Aerobic Conditioning on Recumbent Bike: \*Sling must be worn\*
- Scapular Retraction & Protraction: Gently “pinch” shoulder blades together. Hold for 5 seconds and relax. Then spread shoulder blades apart. Hold for 5 seconds and relax.
- Shoulder AAROM exercises: Wand, pulley, gentle towel stretch, etc.
- Lower Extremity Weight Lifting: May begin at 5-6 weeks

### Follow-Up

- Physical Therapy: weekly
- Ortho: ~6 wks post-op
- Supervised rehab: 1-2 x per wk

### Documentation

- Precautions, pain level, medications and modalities
- Observation: (incision sites) - Signs/symptoms of infection? Site healing well?
- Neurovascular status: Distal pulses, motor and sensation intact? Shoulder passive ROM (forward flexion, ER with shoulder at side)
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# Shoulder Anterior Reconstruction Rehabilitation Protocol

## Phase 2 (7-12 weeks post-op)

### Rehabilitation Goals

- ROM: Full shoulder flexion and internal rotation, ~90% full external rotation
- Pain free ADLs

### PRECAUTIONS

**NO** pushups, heavy lifting, or other sports participation

**NO** repetitive overhead use of shoulder

### Sling

Wean from wearing sling/immobilizer per ortho/PT guidance

### Rehabilitation

- Continue phase I exercises as needed
- Progress to the following exercises 1,3,4 and increase intensity slowly when patient is ready (i.e., no increase in shoulder pain or stiffness since the previous exercise session)
- \*Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM\*
  
- **Warm-up:** 5-10 minutes on upper body cycle
- **Shoulder AROM and AAROM exercises:** Wand, pulley, towel stretch, sleeper's stretch, etc.
- **Progressive strengthening:** ER & IR with arm at side, FF & scaption to 60-90°, prone rows May perform with shoulder in 30° elevation at week 9
- Progressive neuromuscular/functional training exercises (see appendix)
- Progressive shoulder stabilization exercises (see appendix)
- **Aquatic Therapy:** Beginning level pool program – no overhead strokes
- **Aerobic Conditioning:** Bike, elliptical, stairmaster as desired.
- Progressive jogging, beginning at weeks 9-12



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# Shoulder Anterior Reconstruction Rehabilitation Protocol

## Phase 2 (7-12 weeks post-op)

### Follow-Up

- Physical Therapy: bimonthly
- Ortho: ~3 months post-op
- Supervised rehabilitation: 2-3 x per week as needed

### Documentation

- Pain level, medications, modalities
- Shoulder ROM & strength



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# Shoulder Anterior Reconstruction Rehabilitation Protocol

## Phase 3 (4-6 months post-op)

### Rehabilitation Goals

- Pushups at own pace without pain
- > 90% internal/external rotation strength return

### PRECAUTIONS

**NO** participation in contact/collision sports until ~6-9 months post-op

### Rehabilitation

- Continue phase II exercises as needed
- Progress to the following exercises 1,3,4 and increase intensity slowly when patient is ready (i.e., no increase in shoulder pain or stiffness since the previous exercise session)
- \*Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM\*
- **Warm-up:** 5-10 minutes on upper body cycle
- **General upper quarter stretching:** 5-10 minutes (shoulder, thoracolumbar spine)
- **Progressive strengthening:** ER/IR with shoulder in 45-90° elevation, FF/scaption to 90-120°, May also begin general light intensity strengthening with shoulder in “safe” position (avoid heavy overhead lifting, avoid shoulders in the 90° elevation, 90° ER position)
- Progressive neuromuscular/functional training exercises (see appendix)
- Progressive shoulder stabilization exercises (see appendix)
- Progressive general strengthening exercises (see appendix)
- **Functional Training:** Progressive sports training beginning week 17: Begin at 25-50% intensity, progress gradually (see appendix)

### Follow-Up

- PT: Monthly;
- Ortho: ~6 months post-op
- Supervised rehabilitation: 1-2 x per week as needed

### Documentation

- Pain level & medications
- Shoulder ROM & strength
- Functional testing at 6 months post-op

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# Shoulder Anterior Reconstruction Rehabilitation Protocol

## Phase 3 (4-6 months post-op)

### Testing

- Functional assessment at 6 months and as needed until symmetry indices are met
- **Unilateral Shot put test<sup>5</sup>**
  - Performed with 6 pound med ball, seated against wall, knees flexed to 90
  - Goal: Dominant arm limb symmetry  $\geq 95\%$
  - Non-dominant arm limb symmetry  $\geq 85\%$
- **Upper quarter Y-balance test<sup>6</sup>**
  - Pushup position, feet no greater than 12 inches apart
  - Goal:  $\geq 90\%$  limb symmetry, calculated by composite reach score

### Miscellaneous

- After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated.
- The recommendation is to wait until 6-9 months post-op to return to contact/collision or overhead sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.

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