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# **Anterior Instability Repair Rehab Protocol Prescription**

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Diagnosis: Glenohumeral instability Frequency: 2-3 visits/week Duration: 4 months

### Weeks 1-3: Phase I

Sling Immobilizer: At all times when not doing exercises

Exercises: Passive forward flexion (FF) in scapular plane to 90 degrees

Passive external rotation (ER) and extension to neutral

Elbow/wrist active range of motion

Scapular isometrics

Pain-free submaximal deltoid isometrics

Modalities as needed

Advancement Criteria: ER to neutral / FF to 90 minimal pain or inflammation

# Weeks 3-6: Phase II

Sling Immobilizer: May discontinue after 4 weeks

Exercises: Active Assisted FF in scapular plane to 120: wand exercises, pulleys

Active Assisted ER to 30 degrees: wand exercises

Manual scapula side-lying exercises

Internal/external rotation isometrics in modified neutral (submaximal, pain-free)

Modalities as needed

Advancement Criteria: Minimal pain and inflammation

ERto45/FF to 120 IR/ ER strength 4/5

# Weeks 6-12: Phase III

Exercises: Active assisted FF in scapular plane to tolerance

Active assisted ER to tolerance (go SLOW with ER) Begin active assisted ROM for internal rotation

Progress scapular strengthening - include closed chain exercises

Begin isotonic IR/ER strengthening in modified neutral (pain free)

Begin latissimus strengthening (progress as tolerated)

Begin humeral head stabilization exercises (if adequate strength and ROM)

Begin upper extremity flexibility exercises

Isokinetic training and testing

Modalities as needed

Advancement Criteria: Normal scapulohumeral rhythm

Minimal pain and inflammation

IR/ER strength 5/5

Full upper extremity ROM

Isokinetic IR strength 85% of unaffected side

## Weeks 12-18: Phase IV

**Exercises:** Progress to full functional ROM

Advance IR/ER strengthening to 90/90 position if required Continue full upper extremity strengthening program

Continue upper extremity flexibility exercises

Isokinetic strengthening and testing Activity-specific plyometrics program

Address trunk and lower extremity demands Begin sport or activity-related program

<u>Discharge Criteria:</u> Pain-free sport or activity-specific program

Isokinetic IR/ER strength equal to unaffected side

Independent home exercise program

#### Concerns or questions:

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#### **Physician Signature:**