

## **ARTHROSCOPIC SHOULDER STABILIZATION GUIDELINES**

### STAGE 1 (0-2 WEEKS)

- Immobilization
- Elbow AROM for flexion & extension
- Modalities PRN for pain
- Wrist PRE'S

### POD 10-12

- Begin gentle pendulum's circles CW & CCW

### POD 14-20

- Elbow PRE'S with shoulder stabilized

### STAGE 2 (4-6 WEEKS)

- D/C sling at 4 weeks
- Begin PROM exercises for flexion (ie: pulley, cane,)
- Address SC, AC, and Scapulothoracic mobility
- Serratus anterior strengthening supine
- Rhomboid strengthening with theraband without protraction
- AROM flexion in scapular plane limited to 90°
- Deltoid isometrics

### STAGE 3 (6-8 WEEKS)

- Begin isometrics in neutral for IR, ER, Abd, Flex, Ext. →
- Progress to isotonic
- Gradual A → AA → PROM to improve ER ROM (may begin ER at 0° of abduction progressing to 45°)
- AA → Active ROM for IR, ER, Flex, Abd, Horizontal Add
- PRE's for scapular stabilizers (emphasis on scapular retraction/protraction)
- Use positions to protect anterior capsule from undue stress
- Keep strengthening exercises below 90° flexion
- Joint mobilizations for posterior glide only
- Begin UBE around week 10

### STAGE 4 (8-12 WEEKS)

- AROM exercises to regain full ROM
- Wall push-ups
- Normalize Scapulo-humeral rhythm
- Joint mobilizations
- Begin isokinetics
- Begin strengthening at 90° Abduction (at end of this stage)

## STAGE (12-16 WEEKS)

- Begin plyometric with throwback
- Begin Racket/Throwing program
- Isokinetic test
- Overhead activities
- Pushups

## Return to Play Criteria

- Confidence in shoulder
- Pain free ROM

- Total range of motion concept:

  - ER @90/90 =  $129^{\circ} \pm 9^{\circ}$  on pitching side

  - IR @90/90 =  $61^{\circ} \pm 7^{\circ}$

- Initiate age/position based interval throwing program when strength tests reveal 80% of contralateral side

- Strength Measurements:

  - Concentric isokinetic strength ratios:

    - ER/IR = 62 – 70%

    - ER/AB = 66 – 72%

  - Hand held MMT strength ratios:

    - ER/IR @ 90/90 = 83 – 99%

    - Pitching shoulder = 83%

    - Non pitching shoulder = 99%

## **DISCLAIMER**

These general rehabilitation guidelines are created by physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes, only. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists. The University of Kentucky and The American Society of Shoulder and Elbow Therapists take no responsibility or assume no liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.