

Rehabilitation Guidelines Following Shoulder Instability
Surgically Treated with ETAC

Time Frame	Clinical Progression	Activities
Weeks 0-1	Modalities PRN for pain Gentle pendulum circles Elbow AROM for flexion and extension	
Weeks 1-4	Wrist strengthening Elbow strengthening with shoulder stabilized Submaximal isometrics @ 0° abduction, SC, AC, and Scapulothoracic mobilization Scapular stabilization	Progressive resistive exercise Contraindicated with superior labral repair Manual resistance Manual mobilization Manual resistance
Weeks 4-6	Remove sling AAROM for flexion and internal rotation in scapular plane, Isometrics in scapular plane PROM external rotation in scapular plane and abduction to 70° Posterior capsule stretching Initiate ER/IR isotonics	pulley, cane, golf club Use positions to protect anterior capsule from undue stress High repetitions, low resistance
Weeks 6-8	Active Scaption (limited to 90° flexion) Posterior glide joint mobilizations PROM of ER begin at 90° of abduction Begin PNF patterns	Elastic tubing, cable column
Weeks 8-12	Full AROM (Except ER at 90° of abduction) Normalize Scapulo-Humeral rhythm Strengthen above 90° of abduction Begin isokinetics	Biofeedback Modified base
Weeks 12-14	Wall push-ups Begin plyometric throwbacks	Wall reactions Two handed to one handed throws
Weeks 14-16	Overhead activities Begin racket/throwing program	90° abducted position for glenohumeral rotation
Week 16	Return to sport	

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.