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Patient Name:

Date:

Date of Surgery:

**Shoulder Rehabilitation:
Open Anterior Stabilization**

RECOVERY / RECUPERATION PHASE (0-6 WEEKS POST-OP) :

- Immobilization for 3 weeks EXCEPT for exercises
- PROM with pulleys / cane for Flexion (in plane of Scapula) @ 3 weeks
- Codman's, Pendulums in sling. NO ACTIVE IR
- PROTECT ANTERIOR CAPSULE FROM STRETCH - Limit ER to neutral
- POSTERIOR CAPSULE STRETCHING WHEN WARM
- Hand, Wrist, Grip strengthening
- Modalities, Cryocuff / Ice, prn

6 - 12 WEEKS POST-OP :

- Active/Active-Assisted Elevation, ER/IR. Use good arm to help operated arm
- At 6-8 weeks: ER to 30 degrees with arm at side
- At 8-10 weeks: ER to 45 degrees with arm at side
- At 10-12 weeks: ER to 45 degrees with arm in 45 degrees ABD
- Begin Deltoid and Rotator cuff Isometrics @ 6 weeks. Progress to Isotonics
- Theraband for ER exercises
- Continue with Scapula strengthening, increase arc motion
- Continue with wrist / forearm strengthening
- Continue with POSTERIOR CAPSULE STRETCHING WHEN WARM
- Keep all strengthening exercises below horizontal
- NO PASSIVE STRETCHING. PROTECT ANTERIOR CAPSULE
- Modalities as needed
- Discontinue sling @ 4-6 weeks

LIMITED RETURN TO SPORT PHASE (12 - 20 WEEKS POST-OP) :

- Active ROM activities to restore full ROM. Restore Scapulo-Humeral rhythm
- Incorporate rhythmic Scapula stabilization exercises with goal to improve Scapular control
- Continue Posterior Capsule stretching
- Continue muscle endurance activities
- Progress from modified neutral into ABD for cuff PRE's
- Aggressive Scapula strengthening and eccentric strengthening program
- Begin Plyometric training for overhead athletes
- Begin Isokinetics for Rotator cuff
- At 16 weeks: begin sport specific activities: gentle throwing, golf swing, forehand/backhand
- Limited return to sports @ 16 weeks

FULL RETURN TO SPORT PHASE (20-26 WEEKS POST-OP) :

- Advance throwing / racquet program
- Continue with endurance activities. Maintain ROM / Flexibility
- Functional test assessment
- Begin full return to sporting activities @ _____weeks

Please send progress notes.

Physician's Signature: _____
Gregory Galano, MD