BOSTON ORTHOPAEDIC & SPINE

# Anterior Stabilization Physical Therapy Guidelines

The following are guidelines for anterior stabilizations and progression is both criteria based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. The rehabilitation program following rotator cuff repair must take into account and allow for the healing of surgically repaired tissue. The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Other factors may alter the guidelines; therefore, follow physician's modifications as prescribed.

## POST – OPERATIVE PHASE I (WEEKS 0-3)

## **MAXIMUM PROTECTION PHASE**

### GOALS:

- Promote healing: reduce pain, along with inflammation and swelling
- Elevation in plane of scapula: to 90°
- External Rotation: Arthroscopic to Neutral
- Independent home exercise program

### TREATMENT RECOMMENDATIONS:

- Active Assist ROM elevation in plane of scapula, ER to neutral, scapular mobility and stability (side lying, progressing to manual resistance).
- Sub-max deltoid isometrics in neutral, modalities for pain and edema
- Emphasize patient compliance to Home Exercise Program
- Emphasize protection during ADLs

### PRECAUTIONS:

- Immobilizer at all times when not exercising
- External Rotation and Extension limited to neutral

### MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- External Rotation to neutral (30° for Open)
- Elevation in plane of scapula: to 90° Minimal pain or inflammation)

### Emphasize:

- PROTECTING SURGICAL REPAIR
- Patient compliance with sling immobilization

Anterior Stabilization Physical Therapy Guidelines

## POST – OPERATIVE PHASE II (WEEKS 3- 6)

### GOALS:

- Protect surgical repair
- Arthroscopic: External rotation to 45°
  Elevation in plane of scapula to 120
- Begin to restore scapula and rotator cuff strength

### TREATMENT RECOMMENDATIONS:

- D/C sling/immobilizer (Check with MD typically at **4 weeks**)
- AAROM FF and ER, scapular stabilization
- Sub-maximal isometrics ER/IR
- Modalities for pain and edema
- Progress Home Exercise Program

### PRECAUTIONS:

- Limit External rotation to 45°
- Avoid excessive stretch to anterior capsule
- Avoid rotator cuff inflammation

### MINIMUM CRITERIA FOR ADVANCEMENT:

- Minimal pain and inflammation
- External rotation to 45°
- Elevation in plane of scapula to 120°
- Internal rotation/ external rotation strength 4/5

### Emphasize:

- PROTECTING SURGICAL REPAIR
- Avoiding excessive stretch to anterior capsule
- Avoiding inflammation of rotator cuff

Anterior Stabilization Physical Therapy Guidelines

## POST – OPERATIVE PHASE III (WEEKS 6-12)

### GOALS:

- Restore full shoulder range of motion
- Restore normal scapulohumeral rhythm
- Upper extremity strength 5/5
- Restore normal PROM/Flexibility
- Begin to restore upper extremity endurance
- Isokinetic IR/ER strength 85% of unaffected side

### TREATMENT RECOMMENDATIONS:

- Initiate flexibility exercises as needed, modalities prn
- Initiate Active Assist ROM Internal Rotation
- Progress isotonic and stabilization exercises for periscapular and Rotator Cuff muscles
- humeral head rhythmic stabilization
- Proprioceptive neuromuscular facilitation patterns as tolerated,
- UE endurance (UBE)
- Modify Home Exercise Program

### PRECAUTIONS:

- Avoid rotator cuff inflammation
- Continue to protect anterior capsule
- Avoid excessive passive stretching

### MINIMUM CRITERIA FOR ADVANCEMENT:

- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- IR/ER strength 5/5
- Full upper extremity range of motion
- Isokinetic IR strength 85% of unaffected side

### Emphasize:

- PROTECTING SURGICAL REPAIR
- Avoiding excessive passive stretching
- Avoiding inflammation of rotator cuff
- Establishing normal strength base

Anterior Stabilization Physical Therapy Guidelines

## POST – OPERATIVE PHASE IV (WEEKS 14-18)

### GOALS:

- Restore normal neuromuscular function
- Maintain strength and flexibility
- Isokinetic IR/ER strength at least equal to the unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Prevent Re-injury

### TREATMENT RECOMMENDATIONS:

- Full Upper Extremity strengthening
- ER/IR in 90/90 position (overhead athlete)
- Initiate plyometrics
- **Begin Sport and activity related program**
- Modify and Increase Home Exercise Program

### PRECAUTIONS:

- Pain free plyometrics
- Significant pain with a specific activity
- Notify MD if patient has any feeling of instability

### CRITERIA FOR DISCHARGE:

- Pain free Sport or Activity specific program
- Isokinetic IR/ER strength at least equal to unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Independent Home Exercise Program
- Independent Sport or Activity specific Program

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ /___ / _____