AMERICAN HIP INSTITUTE
& ORTHOPEDIC SPECIALISTS

999 E. Touhy Ave. Suite 450
Des Plaines, IL 60018

Arthroscopic Labral Repair / Anterior Shoulder Stabilization (+/- mini open biceps tenodesis) Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following shoulder surgery. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please use the following exercise progression timelines and precautions during your treatments.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

<u>Patient post-operative instructions for first 6 weeks:</u>

Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of during the following exercises:

Perform Pendulum and Salutes twice daily
(for biceps tenodesis, pendulum supported with opposite arm, <u>NO</u> salutes)
Passive and Active ROM of Elbow and Wrist
(for biceps tenodesis, <u>NO</u> Active contraction of biceps for 6 weeks. Passive ROM of Elbow and Wrist only)
Postural Education: Scapular Squeezes x 10 with 5 second holds 3 times daily.

Begin formal physical therapy at 6 weeks after surgery, 2-3 times per week.

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Week 6 – end of week 9:

Discontinue use of sling
Warm-Up shoulder: Gentle Pendulums
Active Assisted and Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
- Flexion in scapular plane to 90 degrees
- Abduction to 60 degrees
- ER at side to 20-30 degrees in scapular plane
- IR at side to resting position

Gentle Soft Tissue Massage
Gentle Posterior Joint Mobilization (Grades I-II)
Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction
Scapular Stabilization exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

Week 10 – end of week 12:

Warm-Up shoulder: Gentle Pendulums; Retro UBE below 90 degrees flexion
Active Assisted and Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
- Flexion in scapular plane to 145 degrees
- Abduction to 145 degrees
- ER 45 degrees at 45 degrees abduction
- IR 55 degrees at 45degrees abduction

Active Assisted ROM of shoulder:
- Flexion and abduction progress within ROM limitations from supine to upright
  - *wand/pulleys
- ER to 30 degrees

AROM
- Continue to progress flexion and abduction

Progress Isotonic Strengthening as tolerated:
- Prone, supine, standing and side-lying exercises with light resistance
  - Ex: prone row, extension, HAbd; S-L ER; supine punches; bicep/tricep; latissimus below 90 degrees abduction
- *Emphasize correct scapulohumeral function

Initiate IR/ER at neutral (0 degrees of abduction) with tubing
- *Place towel roll between elbow and side

Initiate Rhythmic Stabilization at 90 degrees flexion
Initiate gentle stretching towel and side-lying IR stretch
Initiate gentle posterior capsule stretch
Gentle Soft Tissue Massage
Continue Posterior and initiate inferior GH joint mobilization (Grade III-IV)
Scapular Stabilization exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

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Week 13 – end of week 15:

Warm-Up shoulder UBE for endurance

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

- Flexion in scapular plane restore to full
- Abduction to full
- ER at 90 degrees abduction: up to 90 degrees
- IR at 90 degrees abduction: up to 70 degrees

Active Assisted ROM

- All directions within ROM limitations provided above

Active ROM

- Continue to progress per ADL demands

Initiate PNF patterns progress to PNF with tubing

Progress Isotonic Strengthening exercises:

- Advance progression of deltoid, biceps, triceps, latissimus strengthening
- Advance ER/IR exercises to elevated position for overhead athletes
- Advance Closed Chain exercises as tolerated
- Advanced eccentric strengthening of posterior cuff and scapular musculature

Initiate light plyometrics

Gentle Soft Tissue Massage

Continue posterior and inferior GH Joint mobilization (Grade III-IV)

Continue posterior capsule and IR stretching

Scapular Stabilization exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation

Week 16 – end of week 20:

Warm-Up shoulder UBE for endurance

ROM

- Continue to progress PROM, AAROM and AROM as needed for ADL and sport demands

Progress Strengthening

- Continue to progress muscle strength and endurance
- Continue to progress sports specific activities

Initiate light tossing if full ROM is achieved in all planes

- Begin with single knee throwing emphasizing proper throwing mechanics and follow through progress to 15 ft standing throws with proper technique
- Begin throwing progression once above has been achieved

Restricted sports activity (light swimming; half golf swings)

- Sports specific activities

No contact sports until 6 months post op

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Return to Sport:

Follow up and medical clearance to return to sport from your physician.
Full throwing status at 6-8 months and successful completion of throwing program
Non-contact sport approximately 3 months
Contact sport 6 months

Note: *Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.*