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PHYSICAL THERAPY PROTOCOL
ANTERIOR STABILIZATION

Procedure	Date of Surgery: _____ R L B/L Anterior Stabilization [ ] Anterior Capsule Repair [ ] Bankart Repair Additional Procedures:_____	**PLAN** Physical Therapy for R L B/L Shoulder 2-3x Per Week x 20 Weeks
General Guidelines	The following post-operative shoulder anterior stabilization guidelines were developed by HSS Rehabilitation and are categorized into five phases with the ultimate goal of returning the athlete to full competition. They can be used for patients undergoing a variety of anterior stabilization procedures with attention given to exact location of repair and any concomitant procedures. It is important that full range of motion is restored while respecting soft tissue healing. Classification and progression are both criteria-based and time based due to the healing constraints of the human body. The first phase is focused on soft tissue healing and maintenance of pain-free range of motion (ROM). Phases two and three are focused on building foundational strength and stability which will allow the athlete to progress to phase four which includes plyometric exercises. With the completion of phase four the athlete will be able to start the final phase which includes interval sports programs. Cardiovascular endurance, and hip and core strengthening should be addressed through the rehabilitation process. The clinician should use their skilled judgement and decision making as the athlete advances as all progression may not be linear. **FOLLOW SURGEON MODIFICATIONS AS PRESCRIBED** Adapted from the HSS Rehabilitation Shoulder Anterior Stabilization Post-Operative Clinical Guidelines (created 1/2019; reviewed 3/2021, 4/2023).	

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PHASE 1 **(WEEK 0-1)**	**ASSESSMENT** ▪ Quick Disabilities of Arm, Shoulder & Hand (Quick DASH) ▪ Numeric Pain Rating Scale (NPRS) ▪ Assessment of incision ▪ Cervical mobility ▪ Shoulder PROM ▪ Distal upper extremity PROM ▪ Palpation ▪ Static scapular assessment (Kibler Grading) ▪ Posture assessment **TREATMENT RECOMMENDATIONS** ▪ Patient education ▪ Gripping and hand active range of motion (AROM) ▪ Postural awareness ▪ Wrist AROM: flexion/extension/pronation/supination ▪ ROM ○ Week 1: external rotation (ER) to neutral, elevation in scapular plane 60° **EMPHASIZE** ▪ Protection of repair ▪ Reduction of tissue irritability ▪ Prevention of muscle atrophy	**PRECAUTIONS** ▪ Sling for 4-6 weeks (as per surgeon guidelines) ▪ Avoid stress on anterior shoulder joint ▪ No forced passive range of motion (PROM) ▪ Avoid painful activities **CRITERIA FOR ADVANCEMENT** ▪ Decreasing discomfort at rest
PHASE 2 **(WEEKS 2-5)**	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Assessment of incision ▪ Palpation	**PRECAUTIONS** ▪ Sling for 4-6 weeks (as per surgeon guidelines) ▪ Monitor for shoulder stiffness ▪ No forced PROM

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	▪ Cervical mobility
	▪ Shoulder PROM
	▪ Static/dynamic scapular assessment (Kibler grading)
	
	TREATMENT RECOMMENDATIONS
	▪ PROM goals – do not force but assess for stiffness
	  ○ Week 2-3
	  ▪ Elevation in scapular plane: 90°
	  ▪ ER in scapular plane: 5°-10°
	  ▪ Internal rotation (IR) in scapular plane: 30°-45°
	  ○ Week 4
	  ▪ Elevation in scapular plane: 90°-100°
	  ▪ ER in scapular plane: 15°-20°
	  ▪ IR in scapular plane: 50°-60°
	  ○ Week 5-6
	  ▪ Elevation in scapular plane: 120°-145°
	  ▪ ER in scapular plane: 40°-60°
	  ▪ IR in scapular plane: 50°-60°
	  ○ Abduction: 0°-90° first 6 weeks (gentle motion)
	
	▪ Therapeutic Exercise
	  ○ Week 2: scapular isometrics; elbow AROM; shoulder active assisted ROM
	  ○ Week 3: rotator cuff (RC) isometrics; rhythmic stabilization ER/IR with physical therapist
	  ○ Week 4: continue RC isometrics; resistance band row, resistance band extension
	  ○ Week 5-6: RC isotonics if arthroscopic, if open start week 6; scapular strengthening – prone row, prone extension, supine serratus punch
		▪ Avoid undue stress to anterior shoulder joint
		
		CRITERIA FOR ADVANCEMENT
		▪ No pain at rest
		▪ PROM: 120° shoulder elevation; 45° ER in scapular plane
		▪ Tolerance of scapular and RC exercises without discomfort

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	EMPHASIZE ▪ Reduction of tissue irritability ▪ Activation of RC and scapular stabilizers	
PHASE 3 (WEEKS 6-15)	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Cervical mobility ▪ Thoracic mobility ▪ Shoulder PROM/AROM ▪ Palpation ▪ Static/dynamic scapular assessment (Kibler grading) ▪ Grip strength: dynamometer **TREATMENT RECOMMENDATIONS** ▪ ROM Goals o Week 6-7: initiate light and pain free ER at 90° shoulder abduction, progress to 30° o Week 7-9: shoulder flexion 160°-180°; ER at 90° shoulder abduction 75°-90°; IR at 90° shoulder abduction 70°-75° o Week 9-12: shoulder flexion 180°; ER at 90° shoulder abduction 100°-115° ▪ Flexibility – shoulder: posterior capsule stretch at physical therapist discretion ▪ Therapeutic Exercises o Throwers Ten o Advanced Throwers Ten o Scapular stabilization: closed chain quadruped double arm protraction; prone “T, I” and progress to “Y” and “W” as ROM allows o End range stabilization using exercise blade/perturbations	**PRECAUTIONS** ▪ No forced PROM ▪ Avoid stress to anterior shoulder joint ▪ No painful activities **CRITERIA FOR ADVANCEMENT** ▪ Full shoulder AROM ▪ Shoulder manual muscle testing (MMT) 4/5 strength below shoulder height

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	○ Shoulder endurance exercise ○ UE ergometry (if ROM allows) ○ Core strength/kinetic linking ○ Weeks 10-16: ER/IR strengthening at 90° of shoulder abduction **EMPHASIZE** ▪ Full shoulder PROM and AROM ▪ Restoration of scapular and RC muscle balance and endurance	
PHASE 4 (WEEKS 16-19)	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Cervical mobility ▪ Thoracic mobility ▪ Shoulder PROM/AROM ▪ Palpation ▪ Static/dynamic scapular assessment (Kibler grading) ▪ Elbow PROM/AROM ▪ Shoulder manual muscle testing (MMT) ▪ Grip strength: dynamometer **TREATMENT RECOMMENDATIONS** ▪ Continue shoulder RC and scapular stabilization exercises ▪ Continue and progress all Advanced Thrower's Ten exercises ▪ Initiate plyometrics as tolerated ○ Plyometric progression (over a 4-week period): double hand chest pass; double hand overhead soccer pass; double hand chops; single hand IR at 0° shoulder abduction; eccentric catch; single hand 90/90 IR ○ Endurance progression: double hand overhead wall taps; single arm 90/90 wall taps; single arm 12 o'clock to 3 o'clock wall taps; exercise blade at multiple angles	**PRECAUTIONS** ▪ No painful activities ▪ Full ROM **CRITERIA FOR ADVANCEMENT** ▪ Full shoulder AROM ▪ Shoulder manual muscle testing (MMT) 5/5 strength below shoulder height ▪ Symptom free progression through plyometrics and endurance program

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	EMPHASIZE ▪ Shoulder flexibility, strength and endurance ▪ Pain free plyometrics ▪ Kinetic linking	
PHASE 5 (MONTHS 5+) RETURN TO SPORT	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Cervical mobility ▪ Thoracic mobility ▪ Shoulder PROM/AROM ▪ Palpation ▪ Static/dynamic scapular assessment (Kibler grading) ▪ Shoulder MMT ▪ Grip strength: dynamometer **TREATMENT RECOMMENDATIONS** ▪ Initiate interval sports programs at 5 months ▪ Continue with all upper and lower extremity flexibility exercises ▪ Continue with advanced shoulder and scapular strengthening exercises ▪ Gradually progress sports activities ▪ Monitor workload ▪ Collaborate with ATC, performance coach/strength and conditioning coach, skills coach and/or personal trainer to monitor load and volume with return to sport participation **EMPHASIZE** ▪ Return to sports participation ▪ Collaboration with Sports Performance experts	**PRECAUTIONS** ▪ All progressions should be pain free ▪ Monitor for loss of strength and flexibility **CRITERIA FOR RETURN TO PARTICIPATION** ▪ Symptom free progression through interval sports program ▪ Independent with all maintenance exercises ▪ Assess need for HSS Throwing Analysis