



Official Health Care Provider of the Louisville Cardinals

Procedure: Arthroscopic Anterior Shoulder Stabilization

Description of Procedure: Arthroscopic Labral Repair with a Labral repair and Capsular shift +/- Remplissage

PT Frequency: Begin 1-2 wks postop, 2-3x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

Dressing: PT may perform dressing change as needed. Leave steri-strips/ xeroform gauze in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.

	ROM	Brace	Therapeutic Exercises
Phase I: 0-4 wks	<p>0-2 weeks: None</p> <p>2-4 weeks: Begin PROM. Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER</p>	<p>0-2 weeks: Immobilized at all times day and night.</p> <p>Off for hygiene, gentle shoulder pendulums. Elbow out of sling multiple times daily for elbow motion.</p> <p>2-4 weeks: Worn daytime only</p>	<p>0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only</p> <p>2-4 weeks: Begin PROM to ER to 45° Codman's. Posterior capsule mobilizations. Avoid stretch of anterior capsule and extension. Closed chain scapula</p>
Phase II: 4-12 wks	<p>Begin active/active assistive ROM, PROM to tolerance</p> <p>Goals: Full extension rotation, 135° flexion, 120° abduction</p>	None	<p>Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</p> <p>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff. Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane.</p>

	ROM	Brace	Therapeutic Exercises
Phase III: 12-16 wks	Gradual return to full AROM	None	<p>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization</p> <p>Begin muscle endurance activities (upper body ergometer)</p> <p>Cycling/running as tolerated at 12 weeks</p>
Phase IV: 4-6 mo	Full and pain free	None	<p>Aggressive scapular stabilization and eccentric strengthening;</p> <p>Begin plyometric and throwing/racquet program, continue with endurance activities</p> <p>Maintain ROM and flexibility</p>
Phase V 6-8 mo	Full and pain free	None	Progress Phase IV activities, return to full activity as tolerated

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.