These are rehabilitation guidelines for OSU Sports Medicine patients. Please contact us at 614.293.2385 if you have any questions.

Rehabilitation Precautions

- If the surgeon performs any other procedure (ie rotator cuff repair) please refer to that rehabilitation guideline as well.
- Limited to 30° external rotation for 6 weeks
- Progression of ROM should not be forced and per patient’s tolerance
- Return to jogging should be not initiated until 10-12 weeks depending on patient presentation and physician clearance
- Return to sport 5-6 months; minimum of 6 months for contact sports and climbing
- Initiation of throwing program at month 4 with goal of return to game at 9 months
- Refer back to surgeon with any positive apprehension testing
- No Olympic lifting or bar bench press until 6 months

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics, and clinician evaluation

Phase 1: Protection Phase – Post-operative to 6 weeks

- Goals:
  - Max protection of surgical repair (capsule, ligaments, labrum, sutures)
  - Achieve staged ROM goals
    - DO NOT SIGNIFICANTLY EXCEED THEM
  - Patient education on post op restrictions and maintaining appropriate posture
  - Minimize shoulder pain and inflammatory response
  - Ensure adequate scapular function

Post-operative -3 weeks

- Protection
  - Sling usage 4-6 weeks (discuss with physician) including while sleeping

- ROM goals by week 3
  - PROM
    - Forward elevation to 90°
    - ER in scapular plane to 20° (no ER at 90°)
    - No abduction or internal rotation
    - Elbow/wrist/hand as tolerated
Weeks 4-6
- **ROM goals by week 6**
  - **PROM**
    - Forward elevation limited to 135°
    - IR to 50°
    - Abduction to 115°
    - ER in the scapular plan to 30°
    - ER at 90° to 30°
  - **Start AAROM**
    - Cane and wall walks with limitations to 135°
    - Pendulum exercises
  - **AROM**
    - Begin at week 3 within limitations to 115° flexion
  - May begin elbow AROM

- **Strengthening**
  - Begin submaximal isometrics (ER, abduction, flexion, extension)
  - Scapular stabilization (scapular clocks)
  - IR/ER with light theraband at 0° of abduction (within ROM restrictions)

**Goals to Progress to Next Phase**
1. Appropriate healing of surgical repair by adhering to precautions and immobilization guidelines
2. Staged ROM goals achieved but not significantly exceeded
3. Minimal to no pain with ROM

**Phase 2: Intermediate Phase – Weeks 7-12**
- **Goals:**
  - Achieve staged ROM goals to normalize PROM and AROM – **do not significantly exceed**
  - Minimize shoulder pain
  - Begin to increase strength and endurance
  - Increase functional activities

**Weeks 7-9**
- **ROM goals by week 9**
  - **PROM**
    - May perform joint mobilizations (emphasis on posterior mobility)
    - Forward elevation 155°
    - IR at 90° of abduction to 60° by Week 8-9
    - ER at 20° to 60°
    - ER at 90° to 75°
  - **AROM**
    - Elevation to 145°
• **Strengthening**
  - Begin light UBE
  - PRE’s for scapular stabilizers (seated rows, shoulder extension, scapular retraction)
  - Initiate Thrower’s 10 Program
  - Dynamic resistance with PNF patterns and manual techniques
  - Elbow flexion/extension strengthening
  - Begin CKC exercise with table/wall weight shifts

**Weeks 10-12**
- Initiation of jogging with physician clearance
- **ROM goals by Week 12**
  - PROM
    - WNL all planes
  - AROM
    - Elevation WNL
- **Strengthening**
  - Progress PREs in all planes
  - Rhythmic stabilization ie. prone medicine ball eccentric drops, free throws, ball taps, etc
  - Progress CKC exercises

**Goals to Progress to Next Phase**
1. Staged AROM goals achieved with minimal to no pain and without substitution patterns
2. Appropriate scapular posture at rest and dynamic scapular control during ROM and strengthening exercises
3. Strengthening activities completed with minimal to no pain

**Phase 3: Advanced Activity Phase Weeks 12-20**
- **Goals:**
  - Normalize strength, endurance, neuromuscular control, and power
  - Gradual and planned build up of stress to anterior capsulolabral tissues
  - Gradual return to full ADLs, work, and recreational activities

**Weeks 12-16**
- **ROM**
  - Terminal ER stretches at 12 weeks
  - Self capsular stretches, AROM, and passive stretching as needed
• **Strengthening**
  - Advanced isotonics
  - Initiate plyometrics (2 handed drills) ie chest pass
  - Ball catch/toss at 90° abduction position
  - Begin dumbbell pec exercises

**Weeks 16-20**

• **ROM**
  - May begin more aggressive stretching techniques

• **Strengthening**
  - Begin overhead PRE’s
  - Begin light toss or volley (refer to Return to Throwing program)
  - Continue with specific training program
  - Return to full activity
  - Bench press with bar at 6 months

**Goals to Progress to Return to Sport**

1. Progress functional activities towards return activity or sport
2. Enhance neuromuscular control
3. Improve strength, power, and endurance
4. Muscular strength no less than 80% of contralateral side
5. Full functional ROM
6. 5/5 scapular and rotator cuff strength

**Please call 614-293-2385 with any questions**

References:


