These are rehabilitation guidelines for OSU Sports Medicine patients. Please contact us at 614-293-2385 if you have any questions.

Rehabilitation Precautions

- Strict sling use for 6 weeks after procedure, proper use with shoulder in neutral rotation, not across belly
- Sling removal for exercises, hygiene, dressing and elbow support activities such as writing or typing
- Avoid any positions of horizontal adduction or internal rotation so as to not stress posterior capsule and labrum
- Neither horizontal adduction nor internal rotation stretches until Weeks 10-12
- Avoid any weightbearing thru the involved UE for 10-12 weeks
- Isotonic strengthening at 8 weeks

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

Weeks 0 – 6

ROM

- Education in performance of pendulums
- Initiate PROM ER in neutral in supine
- Initiate wand ER in supine
- Limit wand supine FE to 90° for first 4 weeks
- Progress wand supine FE to 120° at Weeks 4-6

Strengthening

- No isometric or isotonic strengthening

Goals to Progress to Next Phase

1. Proper sling use
2. Pain controlled
3. Physician clearance for sling discharge at 6 weeks

Weeks 7 – 10

ROM

- Progress FE in supine to 180° as tolerated
- Progress ER at 90° of abduction
- AROM as tolerated without upper trapezius substitution.
- Continue avoidance of horizontal adduction and internal rotation movements or stress
- Avoidance of UE weightbearing exercises or positions

Strengthening

- Neuromuscular re-education for rotator cuff and scapular stabilizers
  - Rhythmic stabilization in non-provocative positions (90° FE, 120° FE and ER)
  - Scapular PNF with manual resistance
- Initiate dynamic isometrics with band
- Initiate light band exercises for ER and IR at neutral
• Initiate light band exercises for scapular stabilization (row, extension, depression, horizontal abduction)
• Initiate standing scapular retraction to isolate middle traps

Goals to Progress to Next Phase
1. Functional AROM without upper trap compensation or pain.
2. No increased pain or soreness with initial isotonic exercises.

Weeks 10 – 12
ROM
• Continue terminal PROM stretches in all directions except horizontal adduction and internal rotation
• Initiate gentle stretching into horizontal adduction and internal rotation

Strength
• Continue progression of neuromuscular re-education for rotator cuff and scapular stabilizers
• Progress ER and IR strengthening to 45° abduction.
• Initiate band/weight strengthening into FE and abduction

Goals to Progress to Next Phase
1. Full AROM and PROM
2. Normalized arthrokinematics with daily activities

Weeks 12 – 17
ROM
• Initiate inferior GH mobilizations to improve abduction if appropriate.

Strength
• Initiate gentle CKC UE weightbearing exercises on wall
• Initiate Throwers 10 program (T, Y, Extensions, Row)
• Progress all endurance and neuromuscular exercises
• Initiate PNF diagonals with band and manual resistance
• Initiate Plyometric medicine ball program

Goals to Progress to Next Phase
1. No increased pain or compensations with addition of horizontal adduction and internal rotation stretches.

Weeks 18+
ROM
• PROM as needed
• Progress all terminal stretches if needed

Strength
• Initiate prone closed chain UE weightbearing exercises
• Initiate supine bench press and military press
• Initiate lat pull down
• Initiate prone push-ups at 5-6 months.
• Initiate controlled falls onto therapy ball or ground, emphasis on landing with elbows flexed to absorb impact.
• Initiate and progress all sport specific drills specific to sport.
• Initiate throwing program or gradual return to sport if appropriate

Return to Sport
• Physician clearance at 6 month check up for contact sports
References
