

**Arthroscopic Anterior Stabilization Protocol**

	<b>Range of Motion</b>	<b>Immobilizer</b>	<b>Exercises</b>
<b>Phase I</b> 0-6 weeks	<p><b>0-3 weeks:</b> None</p> <p><b>3-6 weeks:</b> begin PROM</p> <p>Limit flexion to 90°, external rotation to 45°, extension to 20°</p>	<p><b>0-4 weeks:</b> Immobilized at all times day and night</p> <p>Off for hygiene and gentle exercise only</p> <p><b>4-6 weeks:</b> Worn daytime only</p>	<p><b>0-3 weeks:</b> elbow/wrist ROM, grip strengthening at home only</p> <p><b>2-6 weeks:</b> Grip Strength, Elbow/Wrist/Hand ROM</p> <p>Do NOT perform Codman's</p> <p>Begin Deltoid/Cuff Isometrics</p> <p>Avoid stretch of anterior capsule and extension</p>
<b>Phase II</b> 6-12 weeks	<p>Begin active/active assistive ROM, PROM to tolerance</p> <p><b>Goals:</b> Full extension rotation, 135° flexion, 120° abduction</p>	None	<p>Advance to AAROM and AROM (Limit FF to 140°, ER at side to 40°)</p> <p>Begin with gravity eliminated motion (supine) and progress. Do not force ROM with substitution patterns</p> <p>Continue Isometric exercises</p> <p>Progress deltoid isometrics</p> <p>ER/IR (submaximal) with arm at side</p> <p>Begin strengthening scapular stabilizers</p> <p>All strengthening exercises below horizontal</p>
<b>Phase III</b> 3-5 months	Gradual return to full AROM	None	<p>Initiate when pain-free symmetric AROM</p> <p>Progress as tolerated</p> <p>Only do strengthening 3x/week to avoid rotator cuff tendonitis</p> <p>Restore scapulohumeral rhythm</p> <p>Joint mobilization</p>

			<p>Aggressive scapular stabilization and eccentric strengthening program</p> <p>Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120 degrees, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER</p> <p>Dynamic stabilization WB and NWB</p>
<p><b>Phase IV</b> 5-7 months</p>	<p>Full and pain-free</p>	<p>None</p>	<p>PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.</p> <p>All PRE's are below the horizontal plane for non-throwers.</p> <p>Advanced functional exercises</p> <p>Isokinetic test</p> <p>Functional test assessment</p> <p>Full return to sporting activities</p>
<p>*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II **Limited return to sports activities</p>			