

Anterior Shoulder Instability Rehabilitation Guideline Northside Hospital Sports Medicine

Anterior Shoulder Instability Rehabilitation Guideline is to be utilized following open or arthroscopic anterior shoulder stabilization procedures. Included surgical interventions include Bankart, Remplissage and Latarjet. The guideline is based on Bankart repair, but includes specific considerations based on additional techniques utilized. It is intended to be used in conjunction with the therapist and surgeon's collaborative input. Northside Hospital Sports Medicine Network uses a criterion-based rehabilitation guideline to ensure the optimal level of success with return to sport. Each individual will be treated uniquely based upon the observations of the sports medicine team. It is vital that a multi-factorial approach is used during rehabilitation to decrease risk of re-injury. Safety of the patient is the number one priority.

Pre-operative Instructions

- Schedule post-op PT visit for 2 weeks after surgery.
- Complete home exercise program as outlined in handout
- Sling usage 4-6 weeks based off of surgeon's recommendations

Timelines are estimated based upon current literature and patient progress in formal physical therapy. Concomitant procedures such as a remplissage or latarjet may delay the timeframes listed below.

Remplissage Considerations

Remplissage (French for "fill in") is an arthroscopic procedure that insets the posterior shoulder capsule and infraspinatus tendon into the Hill-Sachs defect, converting the intra-articular location of the defect to an extraarticular one

- Most often used in conjunction with Bankart repair
- No active external rotation strengthening for 12 weeks
- No internal rotation or cross body stretching for 12 weeks
- No pushing motions
- No Grade 3 or 4 posterior joint mobilizations for 12 weeks
- Treat like posterior rotator cuff repair

Latarjet Considerations

The Latarjet operation is a surgical procedure used to treat recurrent shoulder dislocations typically caused by bone loss or a fracture of the glenoid.

- Open procedure: See Subscapularis Precautions
- Review surgical report to determine if subscapularis was taken down or split
- Joint mobilizations above grade 1 begin at Week 6
- No anterior mobilizations
- No cross body stretching until Week 12

Subscapularis Precautions (12 weeks)

Repair of the subscapularis following disruption due to traumatic or forces external rotation and abduction.

- No ER past 30 degrees
- No cross body adduction
- No active IR or IR behind the back
- No supporting of body weight with affected side (ie. pushing self up from a chair)

Phase 1: Immediate Postoperative Phase (Week 0-3)

- Initial visit 2-4 weeks post-operatively
- Visit frequency 1-2x/week
 - Consider # of insurance visits, progress towards goals, concomitant procedures
- **GOALS:**
 - Max protection of surgical repair (capsule, ligaments, labrum, sutures)
 - Achieve staged ROM goals - do not significantly exceed
 - Patient education on post-op restrictions and maintaining appropriate posture
 - Minimize shoulder pain and inflammatory response
 - Ensure adequate scapular function
 - ROM:
 - Forward elevation to 90 degrees
 - ER in scapular plane to 20 degrees (no ER at 90 deg abd)
 - No abduction or internal rotation
 - Elbow/wrist/hand ROM as tolerated

Phase 2: Immediate Postoperative Phase (Week 3-6)

- Visit frequency 1-2x/week
 - Consider # of insurance visits, progress towards goals, concomitant procedures
- **GOALS:**
 - PROM
 - Forward elevation limited to 135 degrees
 - IR to 50 degrees
 - Abduction to 115 degrees
 - ER in the scapular plane to 30 degrees
 - ER at 90 degrees abduction to 30 degrees
 - Start AAROM
 - Cane and wall walks with limitations to 135 degrees
 - Pendulum exercises
 - AROM
 - Begin at week 4 within limitations to 115 degrees flexion
 - May begin elbow AROM
- **STRENGTHENING:**
 - Begin submaximal isometrics (ER, Abduction, Flexion, Extension)
 - Scapular stabilization (scapular clocks)
 - IR/ER with light theraband at 0 degrees of abduction (within ROM restrictions)

- CRITERIA TO PROGRESS TO PHASE 3
 - Appropriate healing of surgical repair by adhering to precautions and immobilization guidelines
 - Staged ROM goals achieved but not significantly exceeded
 - Minimal to no pain with ROM

Phase 3: Intermediate Postoperative Phase (Week 6-12)

- Visit frequency 1-2x/week
 - Consider # of insurance visits, progress towards goals, concomitant procedures
- GOALS:
 - PROM by week 9
 - May perform joint mobilizations (posterior mobility)
 - Forward elevation 155 degrees
 - IR at 90 degrees of abduction to 60 degrees by week 8-9
 - ER at 20 degrees ABD to 60 degrees
 - ER at 90 degrees ABD to 75 degrees
 - AROM by week 9
 - Elevation to 145 degrees
 - PROM by week 12
 - WNL all planes
 - AROM by week 12
 - Elevation WNL
- STRENGTHENING:
 - Begin light UBE
 - PRE's for scapular stabilizers (rows, shoulder extension, scapular retraction)
 - Dynamic resistance with PNF patterns and manual techniques
 - Elbow flexion/extension strengthening
 - Begin CKC exercise with table/wall weight shifts
- CRITERIA TO PROGRESS TO PHASE 4
 - Staged AROM goals achieved with minimal to no pain and without substitution patterns
 - Appropriate scapular posture at rest and dynamic scapular control during ROM and strengthening exercises
 - Strengthening activities completed with minimal to no pain

Phase 4: Late Postoperative Phase (Week 12-16)

- Visit frequency 1-2x/week
 - Consider # of insurance visits, progress towards goals, concomitant procedures

- GOALS:
 - AROM:
 - Terminal ER stretches at 12 weeks
 - Self capsular stretches, AROM, and passive stretching as needed
- STRENGTHENING:
 - Advanced isotonic
 - Initiate plyometrics (2-handed drills) i.e. chest pass
 - Ball catch/toss at 90 degrees abduction position
 - Begin dumbbell pec exercises (submaximal in safe range)

Phase 5: Return to Sport Postoperative Phase (Week 16-20)

- Visit frequency 1-2x/week
 - Consider # of insurance visits, progress towards goals, demands of sport
- GOALS:
 - AROM
 - May begin more aggressive stretching techniques if needed
- STRENGTHENING:
 - Begin overhead PRE's
 - Begin light toss or volley
 - Continue with sport specific training program
 - Return to full activity
 - Bench Press with bar at 6 months
- CRITERIA TO RETURN TO SPORT
 - Good stability and confidence during sport specific activities
 - Good neuro-muscular control during dynamic activities
 - Muscular strength no less than 80% of contralateral side
 - Full functional ROM
 - 5/5 scapular and rotator cuff strength
 - Physician clearance

Once athlete has been cleared to return to sport through criteria outlined above it is imperative that the athlete completes a sport specific build up with their team. Education must occur with the team ATC or coaching staff to ensure a safe gradual return to full activity level

If not fully confident on specifics of how to gradually return athlete to full sport activity, contact author below to discuss.

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References

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