

Shoulder Stabilization Repair

The following information is intended to guide the patient through the post-op rehabilitative process. Each patient will still require individualized modifications to their program depending on; the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength.

Name: _____ Immobilizer: 6 weeks

- Day 1 – 14 Elbow, wrist and hand – full active range of motion (ROM).
- Week 2 – 4 Come out of shoulder immobilizer.
 Bent over shoulder pendulum.
 Passive ROM using overhead pulley.
 Self assisted shoulder elevation while reclined or lying flat.
 External rotation to neutral in abduction.
- Week 4 – 6 Active assisted external rotation (ER) (using broom handle) while lying with rolled towel under elbow (no pain – DO NOT FORCE).
 Restrict ER to no greater than ____ degrees.
 Biceps / triceps strengthening (retraction exercises, prone to midline).
 Isometric shoulder exercises (no pain).
 Passive ROM using upper body ergometer (UBE) at slow speed.
- Week > 6 Slow active shoulder exercises.
 Supine broom handle press-up (assistance from normal arm), progress to supine active pendular exercises.
 Bent over elevation exercises (forward, backward, outward).
 Side lying external rotation.
- Week > 8 If there is adequate pain control and good active ROM (forward elevation > 90°, external rotation ____ degrees), begin elastic tubing exercises (flexion, extension and rotation) below shoulder height (no pain).
 Active UBE as tolerated – axis below shoulder height.
- Week > 10 Shoulder stretching / mobilizations. Do not force external rotation past ____ degrees.
- Week > 12 Advance strengthening – i.e. above shoulder height, provided there is adequate ROM and the rotator cuff is strong enough.
 Closed chain exercises; wall push-ups, progress to close-grip press-ups.
 Proprioceptive training – physio ball, ball toss, balance exercises.