

**ARTHROSCOPIC OR OPEN ANTERIOR STABILIZATION
POSTOPERATIVE PROTOCOL**
Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____

_____ / Week _____ Weeks

*Sling for 3 weeks

Phase 1 - Passive

Week 1 -2

Begin:

1. Pendulums to warm-up
2. 90 degrees forward elevation, 0 degree external rotation
3. Internal rotation to belt line
4. Wrist and gripping exercises, elbow AROM

Week 3

1. Full elevation and internal rotation
2. 30 degree external rotation

Phase 2 - Active

Week 4-5

Begin:

1. Pendulums to warm-up, UBE with no resistance
2. Full elevation and internal rotation, terminal stretch
3. External rotation to 45 degrees
4. Bicep/Tricep strengthening with elbow by side
5. Submaximal shoulder isometrics with elbow by side

Phase 3 - Resistive

Week 6

Begin:

1. Pendulums and UBE to warm-up, continue with Phase 2
2. Rotator cuff and periscapular (shrugs, rows, serratus, etc) strengthening program (use weights or therabands)
3. Gradually increase external rotation to full by 9 weeks

Weight Training

Week 8 – Bicep curls, triceps (no wide grip bench), continue rotator cuff and periscapular rehab

Week 12 – Add deltoids, lats, close-grip bench press

Week 16 – Add wide grip bench and sport specific training

Return to Activities

Computer	As soon as tolerated
Golf	8 weeks chip and putt only
Tennis	12 weeks (ground strokes only, no overhead)
Contact Sports	5 months

I hereby certify these services as medically necessary for the patient's plan of care.

Physician Signature

Date _____