

**REHABILITATION AFTER
ARTHROSCOPIC ANTERIOR STABILIZATION
(BANKHART AND/OR CAPSULORRAPHY)**

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Weeks 0-3

- Immobilized in a sling.

Weeks 3-6

- Patient in sling for 3 weeks post-op, but comes out of sling to perform exercise routine. Once pt. has good muscular control of shoulder, may discontinue sling. Caution pt. to avoid abducted, externally rotated, and extended position.
- Isometrics: abduction, external rotation, biceps, triceps. **NOTE: No biceps work if SLAP repair was performed.**
- Passive ex's: pendulums, rope & pulley - flexion only, wand ex's - flexion, ER to 60 degrees, IR as tolerated. Posterior cuff stretch. All ER stretching with arm at side or in scapular plane.
- Active ex's: elbow flexion and extension.
- Active assistive: supine elevation assisted with normal arm (ROM - limited only by pain).
- Putty for grip strengthening.

Weeks 6-9

- Passive ex's: continue as above, but no limits of external rotation.
- Continue to avoid externally rotated and abducted position.

ROM GOALS: AT 9 WEEKS SHOULD ACHIEVE: FLEXION: 150 ER: 60 IR: 80

- Begin IR/ER strengthening with rubber tubing, arm to side.
- Forward flexion, empty can, deceleration, prone extension (do not allow arm to pass behind plane of body during prone extension) with 1-2 lb. dumbbell.
- Scapular strengthening - seated rows, shrugs, wall push-offs.
- Contract-relax, mobilization techniques, etc. if required to meet ROM goals. Use caution with internal rotation to avoid injuring subscap
- UBE, cable column - biceps, triceps, lat pull down (narrow hand grip, pull down in front).
NOTE: Go gently on biceps work if SLAP repair performed.

Weeks 9-12

- Continue Active and Passive ROM, try to regain full or near full ROM in Flexion, Extension, IR, ER, with arm by side, and adduction by 12 weeks post-op. Avoid abducted, extended, externally rotated stretch.
- Progression will continue with addition of the following:
- cable column: seated rows, punches, biceps, triceps, horizontal
- kneeling push-ups with a plus, progress to regular push-ups with a plus, isokinetic exercise is O.K. with arm to side. Avoid push-ups with elbow flexion past 90 degrees/ should extension past neutral ("STOP PUSHUP HALF WAY DOWN")
- plyo-ball routine emphasizing chest passes, progressing gradually to single arm throws without "cocking".
- standing stabilization ex.'s with tubing, arm elevated in diagonal pattern.

Weeks 12+

- Okay to resume upper body workouts in gym. Start at very low/easy levels and work up slowly. Avoid abducted/extended/external rotation position ie "pec deck" use caution with bench/incline/military press to avoid overload when the shoulder is extended.
- Continue with strengthening program, dumbbell routine, begin throwing program when achieves adequate strength. Okay to put arm in "cocked" position for throwing
- Add total body conditioning program.

- Focus strengthening on eccentric strengthening of posterior cuff and scapular musculature.

RETURN TO SPORTS

THROWING SPORTS: May begin progressive shoulder throwing program at 3 months post-op if patient has achieved full ROM and approximately 80% strength.

CONTACT SPORTS: No contact sports such as tackle football, snow skiing, water skiing, wrestling, martial arts until 6 months post-op and 90% or more iso strength and endurance.

“RED FLAGS”

1. Lack of progress with ER during the first 4 weeks.
2. Lack of participation of patient with rehab. attendance.
3. Increase in night pain.

If these or any other symptoms develop that you believe are out of the ordinary please don't hesitate to contact Dr. Moseley's office.