

Anterior Shoulder Reconstruction

(Includes Capsular Shift, Plication, and Bankart Procedures)

Week Three and Four	Weeks Four to Six
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ Passive range of motion ➤ Effusion ➤ Inspect incision for integrity and infection ➤ Assess RTW and sport expectations. 	<ul style="list-style-type: none"> ➤ PROM ➤ Effusion ➤ Inspect incision for integrity and infection.
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Discuss frequency and duration of treatment (2-3x/wk for 10-12 weeks is anticipated. ➤ Educate in avoidance of activity that places stress on shoulder (reaching in back seat of car, throwing, sawing, pull starts on lawn and garden equipment) ➤ Avoid Anterior directed forces x3 months (typically combined ABD/ER) 	<ul style="list-style-type: none"> ➤ Educate regarding correction of abnormal movement patterns and posture ➤ Avoid Anterior directed forces x3 months (typically combined ABD/ER) ➤ Educate in avoidance of activity that place stress on shoulder (reaching in back seat of car, throwing, sawing, pull starts on lawn and garden equipment) ➤ Wean from sling at 4 weeks post-op
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Active cervical ROM, shoulder shrugs, scapular retraction, wrist/elbow AROM and gripping are all permitted. ➤ May perform pendulums or “cradle the baby” cane assisted IR/ER in open packed position, table slides, cane flexion in supine, and pulleys. ➤ Sub maximal isometrics 	<ul style="list-style-type: none"> ➤ Initiate AROM without resistance or compensation (consider Prone, side-lying, and supine table exercises that limit stress on the anterior capsule) ➤ Continue self ROM activity and sub maximal isometrics ➤ Aquatics: Start at week 4. Begin exercises in chest deep water for comfort and maximum ROM. Progress to walking with all arm movements and ROM in prone or standing. For progression add buoyancy.
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Grade I and II joint mobilization as needed (No Anterior GH mobilization) ➤ Initiate gentle mobilization of incision when appropriate. ➤ Begin gentle rhythmic stabilization ➤ Do not force combined ABD/ER 	<ul style="list-style-type: none"> ➤ PROM and joint mobilization as needed (No anterior GH mobilization) ➤ Continue mobilization of incision as needed ➤ Continue rhythmic stabilization ➤ Initiate gentle PNF
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any modalities as indicated for reduction of symptoms and effusion 	<ul style="list-style-type: none"> ➤ Any modalities as indicated for reduction of symptoms and effusion
Goals	Goals
<ul style="list-style-type: none"> ➤ Control Pain ➤ Restore PROM ➤ Reduce effusion ➤ Independence with post-operative precautions 	<ul style="list-style-type: none"> ➤ Full PROM (with exception of ER) ➤ NO pain with ADL’s ➤ Normal incision tissue mobility.

Weeks Six To Ten	Weeks Ten to Discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Passive ROM and AROM ➤ Compensatory patterns (early scapular migration, winging, and substitution). 	<ul style="list-style-type: none"> ➤ Address any deficits that may limit return to work or sport goals ➤ HEP compliance
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Continue education regarding correction of abnormal movement's patterns and posture. ➤ Avoid Anterior directed forces x3 months (typically combined ABD/ER) 	<ul style="list-style-type: none"> ➤ Continue education regarding correction of abnormal movement patterns and posture. ➤ Gradual return to activity that requires anterior GH forces is permitted at 3 months s/p
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate UBE if not already completed. ➤ Pain free isotonic exercises for periscapular and rotator cuff musculature ➤ Add closed chain proprioceptive exercises as indicated ➤ Incorporate trunk stabilization where able (Planks, planks with rows) ➤ Continue with self-stretches as needed ➤ Aquatics; Continue with ROM and walking exercise- may add resistance if pain free and increase speed. May move to shallow water if no compensation with shoulder movement. May add closed chain exercises with kickboard and stabilization exercise with ball toss. Add deep water cardio 	<ul style="list-style-type: none"> ➤ Continue isotonic exercises for periscapular and rotator cuff musculature, progressing to shoulder height and above when indicated. ➤ Continue with self-stretches as needed. ➤ Establish independent HEP to include stretching of periscapular and rotator cuff musculature, self-stretches, interval training program at 7-8 months if indicated for RTS.
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ PROM and joint mobilization as indicated (No Anterior GH mobilization) ➤ Rhythmic stabilization ➤ PNF 	<ul style="list-style-type: none"> ➤ Any techniques as indicated (No Anterior GH mobilization)
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any modalities as indicated 	<ul style="list-style-type: none"> ➤ Any modalities as indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Full AROM without compensatory movement ➤ 4+/5 strength throughout 	<ul style="list-style-type: none"> ➤ Normal strength ➤ Return to work or sport ➤ Independence with HEP

- Reinold MM, Escamilla RF, Wilk KE. Current concepts in the scientific and clinical rationale behind exercises for glenohumeral and scapulothoracic musculature. *J Orthop Sports Phys Ther.* 2009 Feb;39(2):105-17.
- Guido JA Jr, Stemm J. Reactive Neuromuscular Training: A Multi-level Approach to Rehabilitation of the Unstable Shoulder. *N Am J Sports Phys Ther.* 2007 May;2(2):97-103.
- Castillo-Lozano R¹, Cuesta-Vargas A², Gabel CP³. Analysis of arm elevation muscle activity through different movement planes and speeds during in-water and dry-land exercise. *J Shoulder Elbow Surg.* 2014 Feb;23(2):159-65. doi: 10.1016/j.jse.2013.04.010. Epub 2013 Jul 5.

