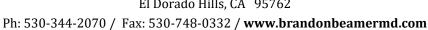
# Brandon Beamer M.D - Orthopedic Sports Medicine Specialist

5317 Golden Foothills Parkway El Dorado Hills, CA 95762





### **Open Anterior Stabilization Rehabilitation**

Patient:	Date of Surgery:
GOALS 1. Protect anterior capsule and glenoid labrum (healing structures) 2. Minimize postoperative pain and swelling 3. Facilitate full PROM of non-surgical tissue 4. Maintain muscle activity of all non-surgical tissue	
Immobilization 6 weeks we PROM with pulley for fle Start supported Codmans, Modalities (i.e. Cryo-cuff Joint mobilization to reduce Grade I/IItoo aggressive Wrist and gripping exercise Submaximal (ER) isometre PRE's as tolerated (no result No active internal rotation No resisted shoulder elevate ER limited to: 30 degrees at 45 degree at 60 degrees at 60 de	o, heat (after 2 wks), etc. ce posterior capsular tightness (posterior glides- e may create unnecessary posterior laxity) ses cics, progression to scapular and rotator cuff isted IR) to protect subscapularis reattachment ations (up to 4 weeks, then start) coduction (week 2) coduction (week 3)

## Phase 2 (6-12 Week Post-op)

6-10 weeks, gradual A/ AA / P/ ROM to improve ER with arm at side.

10-12 weeks, A/ AA/ P/ ROM to improve ER with arm in 45' abduction

AA/ A/ ROM activities to restore flexion, IR, horizontal ADD

Progress to Full ROM

**MARSHALL** 

ER to full by 8 weeks

Begin IR isometrics at week 5

Begin IR PRE's at week 6

Deltoid, rotator cuff isometrics progressing to isotonics.

PRE'S of scapular muscles, latissimus, biceps, triceps

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PRE'S work rotators in isolation (use modified neutral)

Joint mobilization (posterior glide)

Utilize exercise arcs that protect anterior capsule from stress during PRE'S

Keep all strength exercises below the horizontal plane in this phase.

Elliptical, UBE-minimal resistance (@ wk 6)

Pool ROM exercises

## Phase 3 (12-20 Weeks Post-op)

AROM activities to restore full ROM - all should be full and aggressive pursuing at this time

Restore scapulohumeral rhythm

Joint mobilization

PRE'S for all upper quarter musculature (begin to integrate upper extremity PNF patterns)

Emphasize eccentrics and glenohumeral stabilization.

All PRE'S are below the horizontal plane for non-throwers.

Begin isokinetics, push-up progression (starting w/wall push-ups)

Begin muscle endurance activities (UBE)

Begin jogging (@ wk 12)

Begin swimming (@ 16 wks)

#### Phase 4 (20-24 Weeks Post-op)

Progress from modified neutral into abduction for PRE'S to cuff.

Aggressive scapular stabilization and eccentric strengthening program.

Begin plyometric training for overhead athletes.

Begin throwing / racquet program

Isokinetic test

Return to sport when strength goals met and throwing program, functional progression and/or work/hardening completed

### Phase 5 (>24 wks)

Eliminate strength deficits and maintain flexibilty.

Return to full activity

Please see patient 2-3 times per week for 6 to 8 weeks.

Modalities PRN

Please send notes with patient to clinic.