

Anterior Instability Procedures
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PHYSIOTHERAPY PRESCRIPTION:

****NO PASSIVE MANIPULATIONS****

WEEKS 6 – 12

- weeks 0-6 → maintain sling

WEEKS 6 – 12

- * 6-10 wks, gradual A/AA/PROM to improve ER with arm at side (limit to 45° ER).
- * Progress flexion to 160°.
- * 10-12 weeks, A/AA/PROM to improve ER with arm in 45° abduction.
- * Pool exercises AROM all directions below horizontal, light resisted motions in all planes.
- * AROM activities to restore flexion, IR, horiz ADD.
- * Deltoid, Rotator Cuff isometrics progressing to isotonic.
- * Progressive Resistance exercises (PRE's) for scapular muscles, latissimus, biceps, triceps.
- * PRE's work rotators in isolation (use modified neutral).
- * Joint mobilization (posterior glides).
- * Emphasize posterior cuff, lats, & scapular muscle strengthen, stress eccentrics.
- * Utilize exercise arcs that protect anterior capsule from stress during PRE's.
- Keep all strength exercises below the horizontal plane in this phase.

WEEKS 12-16

- * AROM activities to restore full ROM.
- * Restore scapulohumeral rhythm
- * Joint mobilization
- * Aggressive scapular stabilization and eccentric strengthening program
- * PRE's for all upper quarter musculature (begin to integrate upper extremity patterns.) Continue to emphasize eccentrics and glenohumeral stabilization. All PRE's are below the horizontal plane for non-throwers
- Begin isokinetics

WEEK 16 +

- * Begin muscle endurance activities (UBE). Focus on endurance of cuff and scapular stabilizers



- * Continue with agility exercises.
- * Advanced functional exercises/sports specific exercises.
- * Isokinetic test/functional test assessment
- * Develop home program.