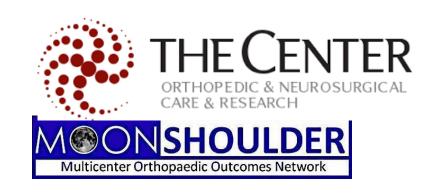
Adam Lindsay, MD, M.S.

Shoulder Arthroplasty, Sports Medicine, Orthopedic Trauma Surgery

TheCenterOregon.com/Lindsay www.lindsaysportsmed.com/ (P) - 541.382.2233





Anterior Instability Postoperative Rehabilitation Protocol

Instructions for Therapist

The MOON Shoulder Group is a collection of shoulder experts who study the best methods totreat patients after surgery for shoulder instability. Your patient is part of a group of patients being closely followed in order to determine which patients have the best and worst outcomesafter surgery.

The patient is to begin therapy 2 weeks after surgery

The patient should work with therapist 1-3x per week until released by surgeon

Do not add or skip any part of this program. If you have concerns please contact yoursurgeon.

General Instructions	 Showering: 48 Hours DO NOT get into a bathtub, pool or spa until your sutures are removed and your wound is completely healed to lower the chance of skin infection. Always wash your hands before touching your wound. DO NOT use any anti-bacterial creams on your wound. Deskwork: When comfortable with sling Driving: 6 weeks Using arm for Activities of Daily Living (no weight): 6 weeks Using arm to reach overhead: 12 weeks Using arm to reach behind back: 12 weeks Using arm to carry objects: 12 weeks Pushing/Pulling: 12 weeks Sport/Heavy Activity: When finished with therapy program
Goals	The two main goals of this physical therapy program are to: 1. Have full active and passive range of motion by 3 months after surgery 2. Return to sport by 18-24 weeks after surgery
Sling Usage	 Patients must wear their sling at all times, except when showering/bathing for 6 weeks. This includes while they are sleeping. A sling with a small pillow is to be worn for six weeks after surgery. The sling may be taken off for showering and therapy only. The sling should be worn when in an uncontrolled setting: sleeping, around children, pets, and crowds during these six weeks.

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Ice/ Cryo Cuff	We encourage the use of the ice or the cryo cuff to help control pain and inflammation after surgery.
Questions/ Concerns	If you have questions or concerns, please contact your surgeon.

All time points based on time since surgery.

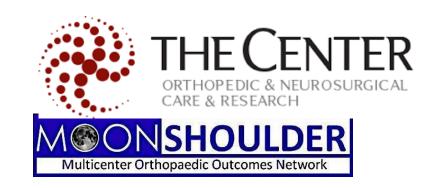
0-2 weeks	Wrist and Elbow ROM only
2 weeks	 Passive and Active assistive forward flexion to 90° Passive/active external rotation to neutral with arm at side Gentle isometric (no IR or ER)
4 weeks	 Passive and Active assistive abduction to 90° Passive and Active assistive abduction to 20° with arm at side No combined Abduction and Internal Rotation Scapular protraction / retraction (with arm in sling until 6 weeks postop)

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6 weeks	 May discontinue sling usage, unless in a crowd or on slippery surface Unlimited Passive and Active assistive forward flexion May begin active motion in all planes Posterior glides ok if needed, but no anterior glides permitted Resisted Isometrics (no ER/IR) Scapular stabilizers – Elevation / Depression / Retraction / Protraction
8 weeks	 Continue progressing other active motions Progress to resistive exercises with elastic band resistance limiting motion to approximately 45° 3 sets of 10 repetitions using yellow or red (stay light until 12 weeks) Internal / External Rotation / Flexion Shrugs Avoid extension and abduction until 12 weeks to minimize stress on the anterior capsule
	Internal Rotation External Rotation 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12 weeks	 Progress to next level of resistance (Green, Blue, Black) once patient performs all repetitions with reporting only moderately challenging Increase range of motion of resistive exercises as long a pain free and does not create substitution patterns Body weight exercise Wall → Incline → Knee → Standard Push-up progression as tolerated 3 set of 10 repetitions Progress resistive exercise to weight resistance starting at 5 lbs progressing to approximately 15 lbs May begin sport specific exercise
18-24 weeks	Return to play sports with approval of physician