

ANTERIOR INSTABILITY & DISLOCATION REPAIR



queensland
combined
orthopaedic
specialists

0-2 WEEKS - REHAB SPECIFICATIONS

- NO abduction, NO external rotation
- Wait until post-op week 2 before beginning physiotherapy
- Instruction in proper use of moist heat and ice, use of sling, rest positioning
- Physiotherapy frequency of 1-2 times per week

EXERCISES:

- Pendulums
- Gentle active-assisted flexion within pain tolerance
- Elbow and hand range of motion exercises
- Active scapular elevation and retraction exercises

2-6 WEEKS - REHAB SPECIFICATIONS:

- Continue active assisted range of motion for flexion within pain tolerance to 90°
- External rotation to 15° within pain tolerance with upper extremity adducted to side
- Manual-resistance scapular exercises
- Physiotherapy frequency of 1-2 times per week

EXERCISES:

- Active assisted range of motion exercises with wand in safe-zone ranges
- Active scapular elevation and retraction

6-8 WEEKS - REHAB SPECIFICATIONS:

- Begin active range of motion in all planes EXCEPT combined abduction/external rotation
- Work towards gaining full active and passive range of motion
- Begin active range of motion with light weights and theraband as tolerated and cleared by your surgeon
- Physiotherapy frequency of 2-3 times per week

EXERCISES:

- Continue wand range of motion exercises
- Jobe's rotator cuff isotonic strengthening programme (flexion, abduction, empty-can/supraspinatus, external rotation, internal rotation)
- Biceps curl, triceps extensions, rows

8-12 WEEKS - REHAB SPECIFICATIONS:

- May perform abduction/external rotation combined motion
- Full active and passive range of motion should be achieved
- No significant weight to be carried in hand with arm down at side (shoulder adducted and elbow extended) ie dumbbell shrugs, carrying a heavy bucket
- Progress with strengthening and functional activities related to work/sport
- Physiotherapy frequency of 2 times per week

EXERCISES:

- Active range of motion – NO behind neck lateral pulldowns, military press, or heavy shrugs
- Isokinetics – emphasise internal rotation strengthening
- Medicine ball plyometrics as tolerated

12-16 WEEKS - REHAB SPECIFICATIONS:

- Prepare patient for discharge through coordination/communication with work hardening or sport specific training
- Patient should have a comprehensive home exercise programme for strengthening and flexibility
- May return to cautionary lifts (lateral pulldowns, military press, bench press, shrugs, pec fly) as cleared by your surgeon
- May begin progressive throwing programme as cleared by your surgeon (as indicated for throwing athlete)
- Physiotherapy frequency of 1-2 times per week

EXERCISES:

- Continue with activities as outlined above with return to unrestricted activity/discharge as cleared by your surgeon