



SHOULDER **INSTABILITY REPAIR**

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These guidelines are a **framework** for the post-operative rehabilitation program. They **do not** substitute for any specific restrictions or requirements determined through the necessary shared decision-making and collaboration between the operating surgeon and the treating rehabilitation team. The main protocol covers **anterior surgical procedures**; the **posterior addendum** on the final page lists the differences.

PHASE 1

WEEKS 0–6

Protect the repair

PHASE 2

7–12 WEEKS

Sling off, staged ROM

PHASE 3

12 WK–6 MO

Normalize strength

PHASE 4

MONTHS 4–6

Sport specific

SLING

4–6 WEEKS

Full time, then wean

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PROTECT THE REPAIR · GENERALLY 0–6 WEEKS POST-OP

GOALS Control pain and swelling · protect the surgical repair · achieve staged ROM goals (**DO NOT EXCEED**) · initiate scapular control and motion · educate the patient about post-operative precautions

INITIAL EVAL

- Initial PT evaluation **1–3 days after surgery**

PATIENT EDUCATION

- Monitor the patient's use of the arm for ADLs and school / work activities that may cause increased pain
- Hypersensitivity in the axillary nerve distribution is common
- Educate about environmental and fall risks while wearing the sling

PRECAUTIONS

- Sling **full-time for 4 weeks**, then wean by 6 weeks
- Do not exceed the staged ROM goals below post-surgery

STAGED ROM GOALS — ANTERIOR, PHASE 1

WEEK	FORWARD FLEXION	ER / SCAPTION	IR / SCAPTION	ABDUCTION
Weeks 1–2	<90°	15–20° @ 30°	45° @ 0°	30°
Weeks 3–4	<90°	30° @ 40°	60° @ 0°	60–80°
Weeks 5–6	<90° (120° with increasing hypomobility)	45° @ 50°	45° @ 0°	≤90°

WOUND CARE

- Post-op dressing removed at PT evaluation
- Shower at post-op day 3
- Submerge in water after the wound is fully healed
- Suture removal at 7–14 days post-op by orthopaedics

MODALITIES

CRYOTHERAPY

- Cryotherapy
 - Hourly for 15 minutes for the first 24 hours after sensation is restored from the nerve block
 - Continue until acute inflammation is controlled
 - Once controlled, 3× per day for 15 minutes or longer as tolerated
- Soft tissue mobilization and other integrative medicine techniques
 - Soft tissue / trigger point work to the kinetic chain (cervical spine, scapula, forearm)

REHABILITATION

GENERAL

- Frequent use of cryotherapy and/or ice
- Begin scar massage after the incision site has healed and the scar is formed
- Consider dry needling with avoidance of incision sites (discuss with orthopaedics)
- Consider blood flow restriction (BFR) on the uninvolved arm or LE for physiological benefit at 1–2 weeks from surgery
- As tolerated, progress exercises as wound healing occurs and the inflammatory response decreases

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SHOULDER INSTABILITY · PHASES 1–2 · PAGE 2 OF 4

WEEKS 1–2

PROTECTED MOTION

- ♦ ROM exercises
 - Shoulder PROM / AAROM within the staged ROM guidelines, in a non-impingement position (hammer grip)
 - Scapular mobilizations
 - Modified pendulums in the sling; progress to full pendulums after 3–5 days
- ♦ Strengthening
 - Hand squeezing exercises
 - Elbow / wrist AROM and grip strengthening with the shoulder in neutral at the side
 - Gentle sub-maximal (“two-finger”) shoulder isometrics
 - BFR (elbow flexion / extension) on the uninvolved arm or LE
- ♦ Cardiovascular: recumbent bike while wearing the sling – **no running** or high-impact activity

WEEKS 4–6

BUILD ELSEWHERE

- ♦ UE strength training: BFR (elbow flexion / extension)
- ♦ Opposite extremity progressive resistance exercises (PREs)
- ♦ LE progressive resistance training
- ♦ Cardiovascular training: continue the recumbent bike

FOLLOW-UP

- ♦ Supervised rehab: 1–2× per week
- ♦ PT re-eval: ~10–14 days
- ♦ Ortho re-eval: ~2 weeks and ~6 weeks

CRITERIA TO PROGRESS

- ♦ Minimal pain 6 weeks from surgery
- ♦ Pain-free ROM: flexion 90° · ER 45° in scaption · abduction 90°

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SLING OFF, STAGED MOTION · GENERALLY 7 TO 10–12 WEEKS POST-OP

GOALS Discontinue the sling · achieve staged ROM goals · minimize shoulder pain · begin to increase strength and endurance · increase functional activities

STAGED ROM GOALS — ANTERIOR, PHASE 2 (ER at 45° abduction)

WEEK	FORWARD FLEXION	ER	IR
By 12 weeks	160° or symmetric	60° / 90° ABD or symmetric	Full at 90° or symmetric
PRECAUTIONS	♦ DO NOT stretch significantly beyond the staged ROM goals during this phase ♦ NO push-ups, bench press, pec flies, throwing or overhead activities ♦ NO running or high-impact activity for aerobic training		
REHABILITATION	♦ ROM exercises ♦ Trunk stabilization (non-weight-bearing) ♦ Scapular strengthening emphasising scapular retractors and upward rotators ♦ Shoulder strength and endurance progression – continue base strengthening / isometrics as needed, PREs, increase functional activities ♦ Modalities PRN ♦ Cardiovascular: continue recumbent bike; progress to elliptical (no push / pull with the surgical arm) and/or treadmill walking ♦ Adjunct treatments to consider: BFR on the involved arm for AROM and isometric activities, dry needling, cervicothoracic manual therapy, aquatic walking with water at chest level or below (no UE movement or resistance, no swimming)		
FOLLOW-UP	♦ Supervised rehab: 2–3× per week ♦ PT re-eval: ~10–14 days ♦ Ortho re-eval: ~12 weeks post-op		
CRITERIA TO PROGRESS	♦ Pain-free ROM within the stated goals ♦ Achieve ROM goals to normalize AROM / PROM ♦ Normal or near-normal scapular stabilization and coordination		

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NORMALIZE STRENGTH · GENERALLY 10–12 WEEKS TO 4–6 MONTHS POST-OP

GOALS Normalize AROM / PROM · normalize strength, endurance, neuromuscular control and power · gradual increase of stress to capsulo-labral tissues · return to sport-specific training · functional and kinesiological assessment

PRECAUTIONS

- ◆ No independent or unsupervised overhead, dynamic, resisted or repetitive activities
- ◆ If ROM is severely limited, consideration for surgically assisted release should be addressed at this time

REHABILITATION

- ◆ Normalize ROM · pain management
- ◆ Trunk stabilization (progress to full weight-bearing)
- ◆ Scapular strengthening emphasising scapular control in overhead motions
- ◆ Shoulder strengthening: continue PREs
- ◆ Begin push-up and pull-up progression; progress as symptoms allow
- ◆ Cardiovascular: running progression initiated with pain-free shoulder motion
- ◆ Adjunct treatments to consider: dry needling, cervicothoracic manual therapy, and **A/P** GH joint mobilizations as indicated **(not P/A)**

FOLLOW-UP

- ◆ Supervised rehab: 2–3× per week
- ◆ PT re-eval: 1–3 weeks
- ◆ Ortho re-eval: after completion of Phase 3 goals

TESTING

- ◆ Normalized functional assessment
- ◆ Achieve a passing score for push-ups
- ◆ Consider baseline 90% on the Upper Quarter Y-Balance Test and/or 20+ reps on the CKCUEST

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SPORT-SPECIFIC TRAINING · GENERALLY 4–6 MONTHS POST-OP

GOALS Meet occupational requirements at 4–6 months · initiate or continue a return to weight training program · begin sport-specific training, including an interval throwing program for overhead athletes

PRECAUTIONS

- ◆ Avoid: wide grip pull-downs · behind-the-neck shoulder press · wide grip bench press · standing lateral deltoid raises · overhead triceps press
- ◆ Clearance based upon strength, neuromuscular control / coordination and functional ROM

REHABILITATION

- ◆ Advanced specific, functional and individualized training to achieve Phase 4 goals (lift, pull, carry and climb in unloaded and loaded conditions)
 - Modifications to PREs and base strengthening (manual resistance) as needed
 - Stretching · soft tissue work
 - Interval throwing program (overhead athletes)
 - Return to weight room and strength training: full pain-free ROM, normal strength in the rotator cuff and scapular muscles, 2–3× per week, high repetitions, **not to muscle failure**, gradual increase of stress to capsulo-labral tissues

FOLLOW-UP

- ◆ Supervised rehab: 2–3× per week
- ◆ PT re-eval: 2–4 weeks
- ◆ Ortho re-eval: upon completion of Phase 4 goals

TESTING

- ◆ Repeat the CKCUEST and/or Upper Quarter Y-Balance Test with a **>90% limb symmetry index** before returning to unrestricted sport activity

MISCELLANEOUS

- ◆ Pass service fitness test at 6–9 months
- ◆ Progress activities for return to sport, collision sports or aggressive military training (e.g. airborne school) based on the patient's functional performance and endurance. This will be directed by the orthopaedic surgeon and the physical therapist and **may require between 6–12 months before clearance without restrictions.**

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ADDENDUM — POSTERIOR SURGICAL PROCEDURES

Phases 1–3 follow the anterior protocol above **except** for the staged ROM goals shown here and the Phase 3 changes below. All other precautions, wound care, modalities, rehabilitation content, follow-up and progression criteria are unchanged.

STAGED ROM GOALS — POSTERIOR, PHASE 1

WEEK	FORWARD FLEXION	ER / SCAPTION	IR / SCAPTION	ABDUCTION
Weeks 1–2	<90°	15–20° @ 30°	0°	30°
Weeks 3–4	<90°	30° @ 40°	0°	60–80°
Weeks 5–6	<90° (120° with increasing hypomobility)	45° @ 50°	0°	≤90°

STAGED ROM GOALS — POSTERIOR, PHASE 2

WEEK	FORWARD FLEXION	ER	IR
Weeks 7–9	135°	45° / 90° ABD	30–45° / 45° ABD
By 12 weeks	160° or symmetric	60° / 90° ABD or symmetric	60° / 90° ABD or symmetric

PHASE 3 CHANGES

- ◆ P/A GH joint mobilizations only, as indicated (**not A/P**)
- ◆ Initiate push-up progression at **16 weeks**

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Adapted from the Shoulder Instability Rehabilitation guideline and its posterior addendum in the *Tri-Service Post-Operative Rehabilitation Guidelines*, Defense Health Agency, May 2020. The posterior addendum has been condensed to the points where it differs from the anterior protocol.

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