



## Anterior Shoulder Stabilization Protocol for Therapists

William A. Tyndall, M.D., Ph.D

1505 9<sup>th</sup> Avenue

Altoona, PA 16602

814-949-4050

### Detailed Protocol

#### Week 0-2

Change dressing on day 2 apply band-aids, daily underarm hygiene

Shoulder immobilizer at all times except bathing, dressing and exercises

Patient HEP (3x daily): AROM elbow, wrist grip, standing pendulum exercises

Therapy: PROM flexion to tolerance (120 max), abduction to tolerance with neutral rotation (no max)

Ice after exercise

#### Week 2-3

Wean from shoulder immobilizer during day (continue to wear at night) light ADLs

Gentle AAROM with T-bar:

1. Flexion to tolerance (max 120 degrees)
2. ER at 20 degrees abduction to max 20 degrees
3. IR at 20 degrees abduction to max 45 degrees

Isometric shoulder exercises: IR, ER, Abduction and flexion all with elbow at side

Scapular strengthening: Rhomboids, Trapezius, and Serratus anterior

Ice after exercise

#### Week 4-5

Wean from shoulder immobilizer at night

Wall climbing

AAROM with T-bar:

1. Flexion to tolerance (max 140 degrees)
2. ER at 45 degrees abduction to max 30 degrees
3. IR at 45 degrees abduction to max 60 degrees

Continue isometrics start PREs for abduction (neutral rotation), IR (arm at side)

Upper body ergometer, if appropriate.

#### Week 6-8

AAROM with T-bar:

1. Flexion to tolerance (max 160 degrees)
2. ER at 90 degrees abduction to max 60 degrees
3. IR at 90 degrees abduction to max 90 degrees

Diagonal patterns, manual resistance

PRE all motions

Isokinetic strengthening when can appropriately isolate ER and IR

Week 9-10

Progress to full ROM

Isokinetic strengthening in ER/IR increasing abduction

Isotonic ER/IR strengthening

Week 11-12

Plyoball

Isokinetic testing

Begin throwers program (if appropriate)