

Arthroscopic Anterior Stabilization Protocol

ULTRA-SLING for 5 weeks at all times then 1 week only for activities

If “Remplissage” procedure is done in combination with the anterior labral repair please defer to “Remplissage modification protocol below”

Week 1 Pendulum Exercises
Elbow / Wrist / Hand Range of Motion

Week 2-4 Passive Range of Motion:
Supine PROM Forward Flexion as tolerated to 180
External Rotation RESTRICTED TO NEUTRAL
Internal Rotation to Beltline
Abduction RESTRICTED TO 45
Gentle Isometric exercises in all planes with neutral internal/external rotation

Week 4-6 AAROM forward flexion to 180
PROM External Rotation to 30, abduction to 60 deg
No combined ABD/ER
Internal Rotation to full
Start Aquatherapy

Week 6 Full Rehab as Tolerated
Resistance Exercises
Cuff and scapula strengthening
External and Internal Rotation
Standing Forward Punch
Seated Rows
Shoulder Shrugs
Biceps Curls
Bear Hugs
Start elliptical and light jogging

Weight Training Activity (week 12 and beyond)

Keep hands within eyesight, keep elbows bent
Minimize overhead activity
(avoid military press, lat pull-down behind head, wide grip bench-press)

Return to Activity Guidelines

Computer / Typing	2 weeks
Golf	8 weeks (chip and putt) 4-5 months (full swing)
Tennis	12 weeks (no overhead until 4 months)
Contact sports	4-6 months

Remplissage Modification

Implications for rehabilitation: Given that the remplissage involves a tenodesis of the Infraspinatus (ISp) into the Hill-Sachs defect, the healing timeframes associated with rotator cuff repair must be considered in order to optimize the healing of the tendon into the defect. As such, active and passive tension across this repair should be avoided for the first 6 weeks following surgery, and resistance to the posterior cuff avoided for 12 weeks. Based on these timeframes the following modifications to the anterior shoulder reconstruction rehab model follow remplissage:

Phase 1 (0-6 weeks): All ER ROM should be passive using the well arm within the precautionary range limits (after anterior Bankart without remplissage, the range can be active with precautionary limits when tolerated by the patient since there is not concomitant rotator cuff repair).

Phase 2 (6-12 weeks): Do not initiate cross body or sleeper stretch (which are initiated in this phase for anterior capsulolabral reconstruction) as this may be too much passive tension on the posterior capsule and ISp; do not initiate theraband or isometrics for ER as this may be too much active tension on the ISp tenodesis. ER may be performed actively in available range in this phase without resistance. OK to strengthen IR, but avoid a lot of resistance for scapular retraction as this engages the posterior cuff

Phase 3 (12 weeks onward): Begin very gentle and slow progression for cross body adduction and sleeper stretch; may initiate ER and scapular retraction resistive training at neutral and then work up to positions of elevation with theraband and/or progressive light weights. Phase 4 (20+ weeks): Work and sport specific activities as usual