Connecticut Orthopaedics

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Sports Medicine/Foot & Ankle

Multidirectional Instability
Post-Operative Protocol

Phase I- Maximum Protection
Weeks 0 to 3:

- Wear sling (strap around waist) or shoulder immobilizer at all times
- No glenohumeral joint range of motion for 3 weeks

  Goals
  - Reduce pain and inflammation
  - Protect surgical repair
  - Postural education

  Exercise progression
  - No GHJ ROM x 3 weeks
  - Cervical ROM and basic deep neck flexor activation (chin tucks)
  - Elbow, hand and wrist AROM
  - Active shoulder retraction
  - Encourage walks and low intensity cardiovascular exercise to promote healing

Phase II- Passive/Active Assisted Range of Motion
Weeks 3 to 6:

- Wear sling (strap around waist) or shoulder immobilizer at all times
- Initiate passive and active assisted range of motion at 3 weeks within range of motion restrictions
- Initiate isometric muscle activation at 4 weeks

  Goals
  - Reduce pain
  - Protect repair
  - Postural education
  - PROM/AAROM restrictions:
    - Week 3: flexion 0-90 degrees, abduction 0-90 degrees, external rotation 0-30 degrees at neutral, internal rotation progress as tolerated
    - Week 4: flexion 0-120 degrees, abduction 0-90 degrees, external rotation 0-30 degrees at neutral and 30 degrees abduction, internal rotation progress as tolerated
    - Week 5: flexion progress as tolerated, abduction 0-90 degrees, external rotation 0-45 degrees at neutral, internal rotation progress as tolerated

  Manual therapy
  - Graded glenohumeral and scapulothoracic mobilizations
  - STM to shoulder and cervicothoracic complex
  - Passive range of motion
  - Gentle sub-maximal therapist directed isometrics at 4 weeks

  Exercise progression
  - Supine and upright AAROM using cane, T-bar, pulleys, etc. within range of motion restrictions
  - DNF and proper postural positioning with shoulder retraction
  - Low to moderate intensity cardiovascular work

Phase III- Progressive Range of Motion/Active Range of Motion

Weeks 6 to 8:

- Discontinue sling/immobilizer at 6 weeks
- Progress PROM and AAROM at shoulder
- Initiate AROM at shoulder

  Goals
  - Progress range of motion
  - PROM/AAROM/AROM restrictions:
    - Week 6: flexion progress as tolerated, abduction 0-120 degrees, external rotation 0-45 degrees at neutral and 45 degrees abduction, internal rotation progress as tolerated
    - Week 7: flexion progress as tolerated, abduction 0-120 degrees, external rotation progress as tolerated, internal rotation progress as tolerated
    - Week 8: progress as tolerated in all directions

  Manual therapy
  - Graded glenohumeral and scapulothoracic mobilizations
  - Scar tissue mobilization when incisions are healed
  - STM to shoulder and cervicothoracic complex

  Exercise progression
  - Initiate UE arm bike (shoulder flexion less than 90 degrees)
  - Open chain serratus activation
  - Prone scapular series less than 90 degrees (rows, T's and I's)
  - External rotation against gravity (no resistance)
  - Painfree sub-max 6 direction rotator cuff isometrics
  - Low to moderate intensity cardiovascular work (able to perform elliptical)

Phase IV- Progressing Range of Motion and Strengthening

Weeks 8 to 12:

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Initiate strengthening phase with resistance
- Initiate closed kinetic chain exercises with focus on scapular and core stabilization

  Goals
  - Full ROM in all directions by 10-12 weeks
  - Progress strength of limb
  - Core and scapular stabilization

  Manual therapy
  - PROM and mobilizations to achieve full range of motion in all directions
  - PNF patterns
  - Manual perturbations in supine with arm at 90 degrees flexion and ER/IR at neutral
  - Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening- bilateral progressing to unilateral/tripod position

  Exercise progression
  - Progress scapular series above 90 degrees
  - Progress serratus punches and scapular series by adding resistance as tolerated
  - Initiate resisted strengthening
  - Initiate posterior capsular stretching (sleeper stretch) and functional IR stretch (HBB) at 10 weeks
  - Emphasis on scapular and core stability with open and closed kinetic chain exercises for proximal muscular control

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Phase V- Advanced Strengthening and Plyometric Drills

Weeks 12 to 24:

- Full ROM with protection at end range 90/90
- Follow up examination with physician at 6 months for release to full activity
- Initiate plyometric drills at 12-14 weeks
- Sport specific drills

  Goals
  - Full range of motion
  - Core and scapular stabilization
  - Advance gym strengthening program
  - Progress to sport demands

  Manual therapy
  - STM and joint mobilization to glenohumeral, scapulothoracic and cervicothoracic as needed
  - Manual perturbations
  - PNF patterns

  Exercise progression
  - Full ROM in all planes with protected end range 90/90
  - Advance gym strengthening program maintaining respect for repaired tissue
  - Initiate plyometric and rebounder drills at 12-14 weeks starting with double hand and progressing to single hand
  - Initiate interval throwing program and sport specific drills at 18-22 weeks for nondominant arm and 22-24 weeks for dominant arm
  - Continue to emphasize and progress scapular and core stability in open and closed kinetic chain exercises for proximal muscular control

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval throwing program

Anticipated return to sports:

- 6-9 months for nonthrowing and throwing athlete

Revised ***