

## Post Op Anterior Instability

### Phase I: (0-2 weeks)

#### Goals:

Protect surgery  
Decrease pain and inflammation  
Initiate safe ROM while protecting anterior capsule  
Patient education

#### Plan:

PROM limited to 90 degrees of flexion and abduction  
Elbow and wrist ROM  
Modalities PRN  
Pendulum and scapular activities  
Light isometric activity  
Light resisted activity to wrist

### Phase II: (4-6 weeks)

#### Goals:

Decrease pain and inflammation  
Achieve 60-80% of full ROM of flexion, extension, and IR  
\*\*This DOES NOT include abduction/ER\*\*

#### Plan:

Begin increasing forward elevation (flexion in scapular plane) beyond 90?  
Joint mobilization: Avoid aggressive mobs/avoid inferior and anterior; external rotation directions  
AAROM  
Aquatic Therapy  
Gentle rotator cuff strengthening (ER to neutral)  
\*\*Check with physician on rotation limitations\*\*

### Phase III: (8-16 weeks)

#### Goals:

Near full ROM: EXCEPT ABDUCTION/EXTERNAL ROTATION  
Good scapulohumeral rhythm  
80-90% normal strength

**Plan:**

PROM (Full range – ER near full range):  
**\*\*NO FORCE IN ABDUCTION/EXTERNAL ROTATION\*\***  
Joint mobilization  
Progressive rotator cuff strengthening  
Begin machine weighted exercise  
Gentle PNF, eccentric cuff strengthening  
Biodex training if requested by M.D.

**Phase IV: (>24weeks)**

**Goals:**

Maximum ROM  
Increase strength  
Return patient to sport/activity

**Plan:**

Continue with progressive resistive exercises  
Continue with machine weighted program  
Sport specific training

Frequency:  1x/wk  2x/wk  3x/wk.  4x/wk.  5x/wk.

Duration:  1 week  2 weeks  3 weeks  4 weeks  5 weeks  6 weeks