

Post Op Multi-Directional Instability

Phase I: (0 to 4-6 weeks)

Goals:

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

Plan:

PROM limited to 90 degree of flexion and abduction.
DO NOT STRESS/FORCE INTERNAL & EXTERNAL ROTATION
- Check with physician on rotation limitations
Elbow and wrist ROM
Modalities PRN
Pendulum and scapular activities
Light resisted activity to wrist

Phase II: (4-6 weeks to 8-10 weeks)

Goals:

Decrease pain and inflammation
Achieve 50-80% of full ROM of flexion, extension; and IR at the end of Phase
This DOES NOT include abduction with ER; horizontal adduction with IR

Plan:

Begin increasing forward elevation (flexion in scapular plane) beyond 90?
Joint mobilization: avoid aggressive mobs/avoid inferior, anterior, and posterior directions
Use caution when performing PROM into the abduction with external rotation and internal rotation so as not to stress the healing capsule
Isometric activity – all directions
Scapular PNF
AAROM
Aquatic Therapy
Gentle rotator cuff strengthening (ER to neutral)
Check with physician on rotation limitations

Phase III: (8-10 weeks to 16-24 weeks)

Goals:

Near full ROM: EXCEPT: Abduction with ER and Horizontal adduction with IR
Good scapulohumeral rhythm
80-90% strength

Plan:

PROM (full range; ER near full range)

***NO force in abduction with ER

***NO force in adduction with ER

Joint mobilization

Progressive scapular strengthening

Progressive rotator cuff strengthening

Begin machine weighted exercises

Gentle PNF, eccentric cuff strengthening

Biodex training if requested by M.D.

Phase IV: (>24 weeks)

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