

Rehabilitation Protocol: Arthroscopic Shoulder Stabilization (Anterior/Posterior/SLAP

Name:	me: Date:	
Diagno	agnosis: Date of Surgery:	
Phase	ase I (Weeks 0-3)	
	ng immobilization at all times except for showering and rehab under guidance of PT	
•	Weeks 0 - 2: Codman Pendulums	
•	Range of Motion – PROM, AAROM as tolerated	
	• Restrict motion to 90° of Forward Flexion, 45° of Abduction, 30° of Extended	ernal Rotation and
	Internal Rotation to stomach	
	Elbow/Wrist/Hand Range of Motion	
	 Grip Strengthening 	
	 Isometric Abduction, Internal/External Rotation exercises with elbows 	at side
•	Heat/Ice before and after PT sessions	
Phase	ase II (Weeks 4-6)	
•	Discontinue sling immobilization	
•	Range of Motion – Increase Forward Flexion, Internal/External Rotation to full Goals: 135° of Forward Flexion, 120° of Abduction, Full External Rotati	
•	Therapeutic Exercise	
	 Advance isometrics from Phase I to use of a TheraBand within AROM li 	
	 Continue with Elbow/Wrist/Hand Range of Motion and Grip Strengthe 	
	 Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhon 	iboids/levator scapula
_	Gentle joint mobilization	
•	Modalities per PT discretion	
Phase	ase III (Weeks 7-12)	
•	Therapeutic Exercise – Advance TheraBand exercises to light weights (1-5 lbs)	
	 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabiliz 	ers
•	Continue and progress with Phase II exercises	
•	Begin UE ergometer	
•	Modalities per PT discretion	
Phase	ase IV (Months 3-6)	
•	Therapeutic Exercise – Advance exercises in Phase III (strengthening 3x per w	eek)
	 Sport/Work specific rehabilitation 	
	 Return to throwing at 4.5 months 	
_	Return to sports at 6 months if approved	
•	Modalities per PT discretion	
Comm	mments:	
**IF BI	F BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL	6 WEEKS POST-OP
Frequ	equency: 2-3 times per week Duration: 6-8 weeks	





Signature:_____













Date:____