

Multi-Directional Instability Repair Protocol

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Phase I: (0 to 4-6 weeks)

Goals:

- *Protect surgery*
- *Decrease pain and inflammation*
- *Initiate safe ROM while protecting anterior and posterior capsule*
- *Patient education*
- *Sling on at all times except during hygiene and gentle exercises.*

Plan:

- PROM limited to 90° of flexion and abduction, avoid ER, IR and horizontal adduction first 2 weeks
- Elbow and wrist ROM, shoulder shrugs, squeeze stress ball as much as possible
- Modalities PRN
- Pendulum and scapular activities
- Light isometric activity
- Light resisted activity to wrist

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

Goals:

- *Decrease pain and inflammation*
- *Plan to wean sling after 5 weeks*
- *Avoid stretch of posterior and anterior capsule*
- *Achieve 50-80% of full ROM of flexion, abduction, but minimize extension, horizontal adduction, IR and ER to minimal gentle motion without any force*

Plan:

- Begin increasing forward elevation (flexion in scapular plane) beyond 90° and GH mobility without stressing anterior or posterior capsule
- Joint mobilization: avoid aggressive mobs/avoid inferior, anterior and posterior; internal and external rotation directions
- Use caution when performing PROM into abduction with ER and IR to not stress healing capsule
- PROM and AAROM
- Isometric activity in all directions
- Scapular PNF
- Aquatic Therapy
- Gentle rotator cuff strengthening (ER to neutral)

****Check with physician on rotation limitations****

Phase III: (8-10 to 12-16 weeks)

Goals:

- Progress ROM **gently** as tolerated without stressing anterior or posterior capsule with goal of about 80-90% full ROM by 12-16 weeks.
 - EXCEPT ABDUCTION with EXTERNAL ROTATION and HORIZONTAL ADDUCTION with INTERNAL ROTATION (very gentle with motion in this direction with NO force, but OK with achieving 70-80% normal ROM by 16 weeks if not stressing capsule).
- Good scapulo-humeral rhythm
- 70-80% normal strength

Plan:

- PROM
 - **NO FORCE IN ADDUCTION WITH IR or ABDUCTION WITH ER
- Joint mobilization
- Begin machine weighted exercise
 - Keep all strengthening exercises before horizontal plane in this phase
- Progressive rotator cuff strengthening
- Resistive exercises for scapular stabilization, biceps, triceps
- Gentle PNF, eccentric cuff strengthening towards end of phase
- Glenohumeral stabilization
- Begin muscle endurance activities
- Cycling/running may begin at 12 weeks
- Biodex training if requested by M.D.

Phase IV: (16 – 24+ weeks)

Goals:

- Maximum **pain-free** ROM (**careful** not to overly stress adduction/IR or abduction/ER. May gently increase, but OK to not achieve 100% compared to contralateral – goal is 90%, unless thrower, then may progress carefully, guided by pain)
- Increase strength
- More aggressive scapular stabilization and eccentric strengthening
- Plyometrics, throwing/racquet program
- Continue endurance training
- Return patient to sport/activity

Plan:

- Continue with progressive resistive exercises
- Continue with machine weighted program
- Sport Specific Training