



ANTERIOR INFERIOR INSTABILITY PROTOCOL

(post op anterior reconstruction)

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This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy. Please feel free to call with any questions.

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

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 degrees

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 scapulo-humeral 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

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