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Hip, Knee, Shoulder & Sports Medicine Surgery

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**ANTERIOR GLENOID RECONSTRUCTION USING DISTAL TIBIAL ALLOGRAFT SHOULDER STABILIZATION REHABILITATION PROTOCOL**

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2 Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, and avoid shoulder stiffness	-Simple sling to be worn at all times except PT, dressing, and hygiene -No lifting greater than 5lbs -No strengthening	-Passive range of motion 0-60 degrees flexion, 0-60 degrees abduction, and external rotation to neutral -Unrestricted elbow, wrist, and hand range of motion with the arm at the side -Wall slides, pendulums -Scapular Retraction in sling -Cervical stretching and range of motion -Modalities PRN
Phase 2: Weeks 2-6 Goals: Progress range of motion, minimize pain, retard muscle atrophy, protect the repair, and begin neuromuscular control	-Simple sling to be worn at all times except PT, dressing, and hygiene -No lifting greater than 5lbs	-Passive range of motion 0-60 degrees flexion, 0-60 degrees abduction, and 0-30 degrees external rotation -Unrestricted elbow, wrist, and hand range of motion with the arm at the side -Wall slides, pendulums -Scapular Retraction in sling -Cervical stretching and range of motion -Continue previous exercises -Initiate scapular strengthening -Modalities PRN
Phase 3: Weeks 6-12 Goals: Full range of motion, minimal pain, begin muscular activation and strengthening, protect the repair	-Wean from simple sling -No aggressive range of motion or stretching -No lifting greater than 10lbs -Do not stress the anterior capsule with aggressive overhead strengthening	-Progress to full passive range of motion in all planes -Once full PROM is achieved, begin AROM and progress to full AROM in gravity resisted positions -Begin posterior capsular stretching: cross arm stretch, side lying IR stretch, posterior/inferior glenohumeral joint mobilization -Enhance pectoralis minor strength -Scapular retractor strengthening -Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature (open and closed chain strengthening) Weeks 8-10: -Progress previous strengthening program

<p>Phase 4: Weeks 12-20</p> <p>Goals: Progression of functional activities, advanced sport, and recreational activity per surgeon</p>	<ul style="list-style-type: none"> -No heavy strengthening or weightlifting until 4 months -No throwing or overhead activity movements until 4 months -Gradual return to strenuous work activities -Gradual return to recreational activities -Gradual return to sports activities <p>Criteria for Discharge:</p> <ul style="list-style-type: none"> -Surgeon clearance -<10% strength deficit -Limb similarity index of 90% or greater -45/50 on biomechanical functional tests (if performed) -NO pain or complaints of instability 	<ul style="list-style-type: none"> -Continue all strengthening exercises -Maintain full range of motion -External rotation strengthening -Periscapular T's & Y's -Progressive ball stabilization on the wall, and wall ball dribbles -Begin generalized upper extremity weightlifting with low weight, and high repetitions, being sure to follow weightlifting precautions: avoid wide grip bench press, no military press or lat pull behind the head <p>Week 16:</p> <ul style="list-style-type: none"> -Initiate interval sports program if appropriate
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