



**Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service**

Anterior Instability Repair Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Glenohumeral instability Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-3: Phase I

Sling Immobilizer: At all times when not doing exercises

Exercises: Passive forward flexion (FF) in scapular plane to 90 degrees
Passive external rotation (ER) and extension to neutral
Elbow/wrist active range of motion
Scapular isometrics
Pain-free submaximal deltoid isometrics
Modalities as needed

Advancement Criteria: ER to neutral / FF to 90 minimal pain or inflammation

Weeks 3-6: Phase II

Sling Immobilizer: May discontinue after 4 weeks

Exercises: Active Assisted FF in scapular plane to 120: wand exercises, pulleys
Active Assisted ER to 30 degrees: wand exercises
Manual scapula side-lying exercises
Internal/external rotation isometrics in modified neutral (submaximal, pain-free)
Modalities as needed

Advancement Criteria: Minimal pain and inflammation
ER to 45/FF to 120
IR/ ER strength 4/5

Weeks 6-12: Phase III

Exercises: Active assisted FF in scapular plane to tolerance
Active assisted ER to tolerance (go SLOW with ER)
Begin active assisted ROM for internal rotation

Progress scapular strengthening - include closed chain exercises
Begin isotonic IR/ER strengthening in modified neutral (pain free)
Begin latissimus strengthening (progress as tolerated)
Begin humeral head stabilization exercises (if adequate strength and ROM)
Begin upper extremity flexibility exercises
Isokinetic training and testing
Modalities as needed

Advancement Criteria: Normal scapulohumeral rhythm
Minimal pain and inflammation
IR/ER strength 5/5
Full upper extremity ROM
Isokinetic IR strength 85% of unaffected side

Weeks 12-18: Phase IV

Exercises: Progress to full functional ROM
Advance IR/ER strengthening to 90/90 position if required
Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Isokinetic strengthening and testing
Activity-specific plyometrics program
Address trunk and lower extremity demands
Begin sport or activity-related program

Discharge Criteria: Pain-free sport or activity-specific program
Isokinetic IR/ER strength equal to unaffected side
Independent home exercise program