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Physical Therapy Prescription-Anterior Shoulder Stabilization

MOON (Multicenter Orthopaedic Outcomes Network) Protocol

Name: _____ Date: _____

Diagnosis: R / L anterior shoulder stabilization DOS: _____

Weeks 0-2 Protective Phase- no PT
ER Sling: Must wear sling at all times, except hygiene
Range of Motion: Elbow and grip as tolerated. ***No shoulder ROM allowed.***

Weeks 2-6 Therapy Phase I
ER Sling: May remove sling for hygiene, exercises only. Discontinue at 6 weeks.
Range of Motion:

- Weeks 2-4 PROM and AAROM, FF to 90, ER to neutral with arm at side
- Weeks 4-6 increase FF to 120, ER to 20, ABD to 90
- ***NO COMBINED ABD- ER***

Exercises: Isometrics, but no ER/IR

- Week 4-6 scapular stabilizers with arm in sling
- ***NO COMBINED ABD- ER***

Modalities: per therapist

Weeks 6-12 Therapy Phase II
Sling: Discontinue at 6 weeks
Range of Motion: Increase FF as tolerated, begin AROM

- Week 8+, progress motion as tolerated.

Exercises: Begin isometrics & scapular stabilizers. Posterior (not anterior) glides

- Week 8+; resisted exercises with therabands

Modalities: per therapist

Weeks 12-24 Therapy Phase III
Range of Motion: Full, no restrictions
Exercises: Continue Phase II, advance as tolerated. Anterior glides OK.
Modalities: per therapist