



HAND^{to}
SHOULDER
CENTER

o f w i s c o n s i n

DR. HENNIGAN

LATERJET SHOULDER STABILIZATION

9/2/20

Surgery Date: _____

LONG TERM GOALS OF PROCEDURE:

- Prevent anterior dislocation of the shoulder
- Optimize function and strength of shoulder/arm with return to active lifestyle

PHASE I:

0-2 WEEKS POST-OP:

PRECAUTIONS:

- No shoulder motion
- No pendulums
- Active assisted elbow extension

SLING:

- Sling with abduction pillow at all times except for hygiene

EDEMA/PAIN MANAGEMENT:

- Instruct patient in use of cold/ice to address pain and swelling

DRESSING

- Remove post-op dressings (if not already removed) and apply clear film dressing for protection until sutures are removed.
- Check therapy script as some physicians allow showering directly over sutures

EXERCISE PROGRAM:

- Elbow (AAROM for extension), forearm, wrist AROM, grip strengthening

2-4 WEEKS POST-OP:

PRECAUTIONS:

- No pendulums
- Active assisted elbow extension
- No IR behind the back

SLING:

- Sling with abduction pillow at all times except for hygiene and ROM

EXERCISE PROGRAM:

- Postural correction and scapular squeezes

- Initiate PROM
 - Flexion to 90 degrees
 - ER to 30 degrees
 - IR to 45 in 30 degrees ABD

4-6 WEEKS POST-OP:

PRECAUTIONS:

- Avoid IR behind the back
- No canes or pulleys
- No ER past 45

SLING:

- Sling with abduction pillow at all times except for hygiene and ROM

EXERCISE PROGRAM:

- Progress PROM
 - Flexion to 140 degrees
 - ER to 45 degrees
 - IR to tolerance at 30 degrees ABD
- Initiate gentle AAROM in pain free range, starting in supine

PHASE II:

GOALS:

- Patient to achieve AROM to functional level without evidence/report of instability or apprehension

6-8 WEEKS POST-OP:

PRECAUTIONS:

- Avoid anterior stress

SLING:

- Wean from sling

EXERCISE PROGRAM:

- Progress PROM to end ranges
- Initiate AROM in all planes
- Initiate isometrics to RTC and scapular stabilizers
- Start to encourage light functional use of involved arm
- Address any GHJ capsular limitations with joint mobilization (avoid anterior)

8-10 WEEKS POST-OP:

EXERCISE PROGRAM:

- Initiate isotonic strengthening of RTC and scapular stabilizers, staying below 90 degrees of flexion

10-12 WEEKS POST-OP:

EXERCISE PROGRAM:

- Initiate ER at 45 degrees abduction
- Progress active and passive motion in all planes
- Initiate dynamic scapular control

PHASE III:

GOALS:

- Restoration of dynamic control and return to higher level activities

12+ WEEKS POST OP:

EXERCISE PROGRAM:

- Progress strengthening to plyometrics
- Return to sport at 20-24 week with surgeon approval