Adam Seidl, MD

Associate Professor Shoulder/Elbow Surgery Department of Orthopedics University of Colorado



UNIVERSITY OF COLORADO

Highlands Ranch Hospital (720) 516-4090 Inverness (303) 694-3333 Anschutz Medical Campus (720) 848-1900

Rehabilitation Protocol Multidirectional Instability Reconstruction

Phase I: Protect Repair (0 to 6 weeks)

- May remove dressing and shower postop day # 3.
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- May start active scapular mobility exercises at 4 weeks Must keep the shoulder musculature relaxed.
- Strict ROM restrictions
- Initiate exercise program 3 times per day:

Immediate elbow, forearm and hand range of motion out of sling Pendulum exercises

Emphasize home program (instruct family member with ROM)

Passive and active assistive ER at the side to 30, flexion and scapular plane elevation to 90 only

Phase II: Progress ROM & Protect Repair (6 to 12 weeks)

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Initiate gentle rotator cuff strengthening and scapular stabilizer strengthening.
- Avoid ROM above stated limits.
- Advance active and passive ROM:

ER at the side and flexion to tolerance

Scapular plane elevation to 130

IR and extension to tolerance

Phase III: Full Function (>3 months)

- Begin combined abduction with ER and IR ROM and advance capsular mobility (gently).
- Discontinue lifting restrictions.
- Advance rotator cuff and scapular stabilizer strengthening.
- Initiate functional progression to sports specific activities at 4 months.