



**ORTHOPEDIC
ASSOCIATES
OF LANCASTER, LTD**

Dr. Alexandria O. Starks, MD
Shoulder & Elbow Surgery

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.



**ORTHOPEDIC
ASSOCIATES**
OF LANCASTER, LTD

- Initiate functional progression to sports specific activities at 4 months.