

Multidirectional Instability Reconstruction Rehabilitation Protocol

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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 encouraged for the first week at a minimum: should be used 3-4 times per day once the nerve block has worn off.
- 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.