

PHYSIOTHERAPY GUIDELINES

Anterior Stabilisation

These maybe open or arthroscopic procedures. Subscapularis may have been divided to gain entry into the joint and it is resutured at the end of the procedure.

This operation will involve some form of soft tissue reconstruction (ie. capsular shift, Bankart repair) to regain (passive) stability. Glenohumeral joint is immobilised for 2 weeks in a sling.

Contra-indications

No external rotation unless markedly reduced range (see time guidelines)

No active or passive ABduction with external rotation for eight weeks.

No forceful stretching/stressing anterior capsule (eg. arm forced into horizontal extension at end range of conventional pressup) for twelve weeks.

TWO weeks post-operation – main emphasis is on regaining flexion range of movement. External rotation is restricted.

- a) Wean out of sling
- b) Mobility exercises – mainly flexion
- c) Progress to active assisted
- d) Start isometric cuff work in neutral (pain- free & scapula stable)
- e) Avoid passive stretch external rotation beyond 20°
- f) Avoid combined abduction & external rotation

If appears to be regaining full range of movement very quickly – stop mobility work and concentrate on cuff rehabilitation.

SIX weeks post-operation – main emphasis is on increasing muscle activity (cuff and scapula) with optimal movement patterning

- a) Range of movement should be approx 75% flexion contra lateral side
- b) External rotation should be restricted still (50% contralateral shoulder)
- c) Progress cuff activity
- d) Progress scapula muscle activity
- e) Do not work or stretch into combined abduction/lateral rotation
- f) Proprioceptive work

TWELVE weeks post-operation – main emphasis is on power, endurance & proprioceptive muscle work aiming towards functional activities

- a) Progress resistance through range
- b) Stretches if necessary for functional activities, but external rotation range should remain tighter
- c) Function specific training

General guidelines for rehabilitation

Some variation in ability of patients to regain movement following surgery and immobilisation. Adjust therapy input to this. Some need considerable help with mobilisation, others need 'holding back' with more emphasis on muscle activity.

Guidelines for returning to activities

Driving at four to six weeks

Swimming – breaststroke at six to eight weeks, freestyle at twelve weeks

Return to non contact sport at twelve weeks (if range and control of movement allows)

No contact sport for six months (minimum, this may vary depending on the sport). Includes football, martial arts, racket sports, rock climbing.