

Multidirectional Instability Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

Weeks 0-6:

- Slingshot sling or gunslinger sling (posterior repair) at neutral for 6 weeks
 - If posterior labral repair; brace at 30° ER
- Gentle isometrics for neuromuscular reeducation in brace, gentle supported Codman exercises
- PROM only for 6 weeks; restrict to 90°FF/20°ER at side/45° Abduction
- May mobilize scapula and gentle grade I-II glenohumeral joint mobilizations if needed
- Posturing, Grip strengthening, elbow ROM, wrist ROM
- After 4 weeks, if patient appears very tight with gentle PROM please contact MD
- If motion returning too quickly, slow down passive stretching

Weeks 6-12:

- Sling at night with or without abduction pillow, can discontinue using the sling during the day
- AROM only as tolerated to increase ROM; gentle passive stretching at end ranges as pain allows
- **PRECAUTION: no stretching in 90/90 position avoiding anterior capsule stress**
- Restrict to 140° FF/ 45° ER at side/ IR to stomach/ 60° Abduction
- Scapular stabilization exercises avoiding anterior capsule stress
- Begin light isometrics for rotator cuff and deltoid, with arm at the side
- Can begin stationary bike

Months 3-12:

- Initiate 90/90 stretching
- Advance strengthening as tolerated: isometrics ◊ bands ◊ light weights (1-5 lbs); 8-12 reps/2-3 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Begin eccentric motions, plyometrics (ex. Weighted ball toss), and closed chain exercises at 16 weeks
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- No collision sports allowed for 12 months
- MMI is usually at 12 months

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____