LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Multidirectional Instability Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

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

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies
  - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
  - The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
  - Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

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If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

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

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- 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** _____