

Todd C. Battaglia, MD, MS
Syracuse Orthopedic Specialists, PC

Patient name: _____

Date: _____

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:
Dislocation, Capsulorrhaphy, Bankart or SLAP Repair**

**** Note: These times are for post-surgical patients. Dislocation patients can advance as tolerated after Phase II.****

Immediate Post-op Instructions (Week 0-1):

- Use ice or cryocuff as much as possible for first 2 days, then as needed for pain.
- Change dressing to light gauze or band-aids for first 3 days, then leave open to air. Do not remove steri-strips.
- You may shower on post-op day #3.
- Sleeping in a propped or partially reclined position is often more comfortable, as this keeps the shoulder elevated.
- First post-op check is 10-14 days for suture removal.
- Call for temperature > 102° excessive swelling, pain or redness around wounds.

Phase I (Weeks 1-2):

- Sling or immobilizer post-op or post-dislocation full-time for 2 weeks.
- Modalities to decrease pain and inflammation.
- Remove arm from sling 2-3 times daily to fully flex and extend the elbow, and to perform wrist and hand range of motion exercises.
- May perform gentle pendulum exercises for affected shoulder.

Phase II (Weeks 2-4):

- Continue modalities as needed.
- Wear sling or immobilizer during day. Keep arm close to body when out of sling.
- Continue pendulum exercises, begin shoulder passive range of motion and active assisted range of motion with maximum forward flexion to 120°, extension to neutral, abduction to 90°, internal rotation to 30°, and external rotation to 30°. No resistance.
- Scapular exercises with shrugs, retraction, protraction, and depression using manual resistance.

Phase III (Weeks 4-8):

- Continue modalities as needed.
- May discontinue sling or immobilizer.
- Encourage active range of motion and advance passive / active assisted motion with maximum forward flexion 180°, as tolerated, abduction to 120°, internal rotation as tolerated and external rotation to 45°.
- May use light resistance (e.g. Theraband) for internal rotation only, and **only if patient did not have subscapularis repair or open Bankart procedure.**
- Wall walks, supine wand assisted range of motion
- After 6 weeks, all motion progress as tolerated except limit external rotation to 60°.
- Begin closed chain exercises, isometrics and upper body ergometer.
- Continue scapular stabilization.
- Posterior capsular stretching (sleeper stretches).

Phase IV (Weeks 8-12):

- Continue Phase III.
- May now advance external rotation as tolerated to 60° (or baseline, if contralateral side is <60°) and add light weights / resistance to all motions.
- Focus on rotator cuff core strengthening exercises: prone flexion, prone abduction, prone extension, sidelying external rotation.

Phase V (Week 12-):

- Advance rotator cuff strengthening as tolerated.
- Advance external rotation past 60° (if contralateral side baseline is >60°) as tolerated.
- Prepare for return to activity – may begin light ball tossing, conventional weight machines, isokinetics with throwing wand, etc.
- Goals: Non-contact sports – return at 14-16 weeks
 Contact sports – return at 20-24 weeks
 Throwing sports – return at 24 weeks only after successful completion of throwers interval return program

Frequency: 2-3x per week**Duration: 12-16 weeks****Special instructions:** _____

Todd C. Battaglia, MD, MS