

## COMBINED ANTERIOR AND POSTERIOR STABILIZATION REHABILITATION PROTOCOL

### Phase I Weeks 0-4:

- Sling in neutral rotation for 4 weeks with padded abduction sling **WORN AT THE SIDE**
  - May increase to six weeks depending on size of repair
- RTC isometrics in sling
- Elbow, wrist and hand ROM
- Grip strengthening

### Phase II Weeks 4-8:

- Wean out of sling at week 4 (or 6). Consider use in public for 2 additional weeks.
- Progress passive and active assisted ROM.
  - Restrict motion to 90° FF, IR to stomach, 45° ER at the side and 90° abduction
- Begin AROM at week 6 with above restrictions
- Start scapular stabilization exercises avoiding anterior capsule stress (traps/rhomboids/lev scap/etc)
- No **CROSS-ARM ADDUCTION**, follow ROM restrictions
- Can begin recumbent stationary bike; no jogging allowed

### Phase III Weeks 8-12:

- Progress AAROM → AROM as tolerated
- Increase ROM to within 20 degrees of opposite side
  - No aggressive manipulations per therapist
- Once 140° active FF, advance strengthening as tolerated: isometrics → Bands → light weights (1-5 lbs); 8-12 reps, 2-3 sets for rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Continue with stationary bike; may use elliptical with arms stationary; no jogging allowed

### Phase IV Months 3-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Only do strengthening 3 times a week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises
- Begin sports related rehab at 3 months, including advanced conditioning
- Continue to limit stress to anterior capsule until 4 months
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months
- Return to collision sport on MD approval