SHAYNE KELLY, DO

ORTHOPEDIC SPORTS MEDICINE · TRI-CITY ORTHOPEDICS

POST-OPERATIVE REHABILITATION PROTOCOL

# Anterior Stabilization Open

DTA / Latarjet — Open Anterior Shoulder Stabilization

## Phase I MAXIMAL PROTECTION (0–4 Weeks Post-Op)

- Immobilization for 4 weeks using sling.
- **Elbow A/AAROM:** flexion and extension; protect anterior and posterior capsule from stretch, but begin passive ROM
- Limit FE (supine forward elevation in the scapular plane) to 90°; limit ER (external rotation) to neutral 30° →
- Do Not perform Pendulums; modalities (i.e. cryoCuff) PRN (as needed); wrist and gripping exercises.
- Begin Deltoid/Cuff isometrics; removal of sling for showering: maintain arm in sling position.

**GOALS** Protect the repair

## Phase II MODERATE PROTECTION (4–6 Weeks Post-Op)

- A/AAROM Limit FE (forward elevation in the scapular plane) to 140°; A/AAROM Limit ER (external rotation) to 45° →
- Progress from AAROM to AROM:
- Quality movement only-avoid forcing active motion with substitution patterns.
- Remember the effects of gravity on the limb, do gravity eliminated motions first ie. Supine elevation in the scapular plane.
- Deltoid isometrics; elbow AROM; continue with wrist exercises →; modalities PRN; discontinue sling at 4–6 weeks.

**GOALS** Progress motion

## Phase III MINIMAL PROTECTION / MILD STRENGTHENING (6–12 Weeks Post-OP)

- A/AAROM No Limit FE (forward elevation in the scapular plane); A/AAROM No Limit ER (external rotation)

**GOALS** Full ROM, no apprehension

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## 10–12 Weeks, AIAA/PROM to improve ER with arm in 45° abduction.

- AROM all directions below horizontal, light resisted motions in all planes.
- AROM activities to restore flexion, IR, horiz ADD as tolerated.
- Deltoid, Rotator Cuff isometrics progressing to isotonics; PRE's for scapular muscles, latissimus, biceps, triceps.
- PRE's work rotators in isolation (use modified neutral).
- Emphasize posterior cuff, latissimus, and scapular muscle strengthening, stressing eccentrics.
- Utilize exercise arcs that protect anterior and posterior capsule from stress during PRE's. →
- Keep all strength exercises below the horizontal plane in this phase.

## Phase IV STRENGTHENING (12–16 Weeks Post-Op)

- CRITERIA:; pain-free AROM; pain-free with manual muscle test; progress by response to treatment →
- AROM activities to restore full ROM; restore scapulohumeral rhythm; joint mobilization.
- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120°, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER.
- Dynamic stabilization WB and NWB.
- PRE's for all upper quarter musculature (begin to integrate upper extremity patterns).
- Continue to emphasize eccentrics and glenohumeral stabilization.
- All PRE's are below the horizontal plane for non-throwers; begin isokinetics; begin muscle endurance activities (UBE).
- High seat and low resistance; must be able to do active shoulder flexion to 90° without substitution
- Continue with agility exercises; advanced functional exercises; isokinetic test; functional test assessment.
- Full return to sporting activities.

**GOALS** Sport preparation

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## Return to Sport & Discharge Criteria

- Full pain-free ROM, including ER without apprehension
- Cuff and periscapular strength ≥90%; sport drills without instability
- Contact sport per Dr. Kelly (commonly ≥5–6 months); throwers complete an interval throwing program

*Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.*

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