

Family & Friends ORTHOPEDICS

Physical Therapy Prescription – Anterior Shoulder Stabilization

MOON (Multicenter Orthopaedic Outcomes Network) Protocol

Name: _____ Date: _____

Diagnosis: R / L anterior shoulder stabilization Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, **beginning 2 weeks after surgery**

WEEKS 0 – 2: Period of protection → no therapy for the first 4 weeks

- **Sling with pillow:** Must wear at all times except for hygiene
- **Range of Motion:** No shoulder ROM allowed; elbow/wrist motion ONLY

THERAPY Phase I (Weeks 4 – 6 after surgery):

- **Sling with abduction pillow:** Continue for a total of 6 weeks
- **Range of Motion:**
 - Weeks 4-6: PROM and AAROM including FF to 90° and ER to neutral with arm at side
 - **NO combined ABD-ER**
- **Exercises:** begin gentle isometrics at week 4; but no ER/IR
 - Weeks 4-6: begin scapular stabilizers (protraction, retraction) with arm in sling
 - **NO combined ABD-ER**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II (Weeks 6 – 12 after surgery):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase FF as tolerated, begin AROM in all planes
 - Week 8+: progress motion as tolerated
- **Exercises:** continue Phase I; begin resisted isometrics (no IR); posterior glides are okay (no anterior glides)
 - Week 8+: slowly progress to resisted exercises with therabands
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III (Weeks 12 – 24 after surgery):

- **Range of Motion:** Full
- **Exercises:** continue Phase II, advance as tolerated
- Consider return to sport at 18-24 weeks pending surgeon approval

Signature: _____

Date: _____