This protocol can be done primarily on a home program basis with follow-up visits as needed to progress and monitor the patient. Rate of progression based on evaluation of patient.

| PHASE I: IMMEDIATE POSTOPERATIVE PHASE "RESTRICTIVE MOTION" DAY 1 - WEEK 6 |

**GOALS:**
- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

**DAY 1 - WEEK 2:**
- External Rotation Sling for 3-4 weeks unless specified otherwise by surgeon
- Sleep in sling or immobilizer for 4 weeks, per surgeon orders
- HEP (no AROM for ER, abduction, or extension)
  - Elbow/hand ROM - assisted elbow flexion and no isolated bicep contraction
  - Hand gripping exercises
  - Gentle shoulder shrugs/rolls/ scapular retractions
  - Gentle PROM and AAROM exercises with elbow bent
    - Flexion to 60 degrees (to 75 degrees at week 2)
    - Scaption to 60 degrees
    - ER to 45-60 degrees in slight scaption
    - Minimal IR slight scaption (to protect posterior repair)
  - Submaximal isometrics for shoulder musculature
  - NO ISOLATED BICEP CONTRACTIONS
  - Cryotherapy as needed

**WEEK 3 - 4:**
- Discontinue use of sling/immobilizer at 3-4 weeks per surgeons orders
- HEP (NO AROM for extension or abduction)
  - Continue gentle ROM exercises
    - Flexion to 90 degrees
    - Abduction to 75 - 85 degrees
    - ER as tolerated in slight scaption
    - Begin progressive IR to 25-30 degrees in slight scaption
  - Initiate rhythmic stabilization drills
  - Initiate ER/IR theraband at 0 degrees abduction
  - Continue isometrics
  - NO ISOLATED BICEP CONTRACTION
  - Cryotherapy as needed
WEEK 5 - 6:
Gradually improve ROM
   Flexion to 145
   ER as tolerated at 45 degrees abduction
   IR to 55 - 60 degrees at 45 degrees abduction
May initiate gentle stretching exercises, especially "Sleeper Stretches" for IR
Continue tubing ER/IR at 0 degrees abduction
Initiate AROM shoulder abduction (no resistance)
Initiate "full can" AROM (no resistance)
Initiate bent over rowing, and horizontal abduction
   Start without weight and progress to light resistance
NO BICEP STRENGTHENING

PHASE II: INTERMEDIATE PHASE-MODERATE PROTECTION PHASE WEEK 7 - 14

GOALS:
Gradually restore full ROM
Preserve integrity of the surgical repair
Restore muscular strength and balance of scapula and rotator cuff

WEEK 7 - 9
Gradually progress ROM as indicated
   Flexion to 180 degrees
   ER to 90 degrees
   IR to 70 - 75 degrees at 90 degrees abduction
Continue to progress isotonic strengthening program
PNF strengthening can be included
Initiate "Throwers Ten Program" if indicated
Scapular strengthening, RC strengthening, deltoid strengthening
OK to initiate bicep strengthening unless type 4

WEEK 10 - 14
May initiate slightly more aggressive
Progress thrower’s ER and IR motion
Continue stretching exercises

TYPE 4
No bicep until 12 weeks post-op and start light. No stress biceps for 4 months. Full active at 5 -6 months

PHASE III: MINIMAL PROTECTION PHASE WEEK 14 - 24

GOALS:
Establish and maintain full ROM
Improve muscular strength, power and endurance
Gradually initiate functional strength
Stress maintenance of IR to overhead athletes for life
CRITERIA TO ENTER PHASE III:
Full, nonpainful ROM
Satisfactory stability
Muscle strength 4/5 or better
No pain or tenderness

WEEK 14 - 16
Continue all stretching exercises
Continue all strengthening exercises
Initiate light plyometric program
Restricted sports activity (light swimming, half golf swings)
Weeks 16-24
Increase golf swings and allow ground strokes with increasing intensity (Tennis)
May initiate gradual throwing program/overhead activity on level surface

PHASE IV: RETURN TO SPORTS

Weeks 24-28
Begin full Speed Pitching / Overhead activity and progress to return to sport
“Sleeper Stretches” for Life to maintain IR / Prevent GHIRD (Glenohumeral IR Deficit)

Physician Signature: _________________________________