Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

Rehabilitation Precautions
- Strict sling use for 6 weeks after procedure, proper use with shoulder in neutral rotation, not across belly.
- Sling removal for exercises, hygiene, dressing and elbow support activities such as writing or typing.
- Avoid any positions of horizontal adduction or internal rotation so as to not stress posterior capsule and labrum.
- Neither horizontal adduction nor internal rotation stretches until 10-12 weeks.
- Avoid any weightbearing thru the involved UE for 10-12 weeks.
- Isotonic strengthening at 8 weeks.
- Progression is time and criterion-based, dependent on soft tissue healing, patient demographics, and clinician evaluation

Phase I: Weeks 0-6

<table>
<thead>
<tr>
<th>ROM</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education in performance of pendulums.</td>
<td>No isometric or isotonic strengthening</td>
</tr>
<tr>
<td>Initiate PROM ER in neutral in supine.</td>
<td></td>
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<tr>
<td>Initiate wand ER in supine.</td>
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<tr>
<td>Limit wand supine FE to 90° for first 4 weeks</td>
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<tr>
<td>Progress wand supine FE to 120° at weeks 4-6</td>
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</tbody>
</table>

Goals to Progress to Next Phase
1. Proper sling use
2. Pain controlled
3. Physician clearance for sling discharge at 6 weeks
### Phase II: Weeks 7-10

| ROM | • Progress FE in supine to 180° as tolerated  
|     | • Progress ER at 90° of abduction  
|     | • AROM as tolerated without upper trapezius substitution.  
|     | • Continue avoidance of horizontal adduction and internal rotation movements or stress  
|     | • Avoidance of UE weight bearing exercises or positions  
| Strength | • Neuromuscular re-education for RC and Scapular Stabilizers  
|     |   o Rhythmic Stabilization in non provocative positions (90° FE, 120° FE and ER)  
|     |   o Scapular PNF with manual resistance  
|     | • Initiate dynamic isometrics with band  
|     | • Initiate light band exercises for ER and IR at neutral  
|     | • Initiate light band exercises for scapular stabilization (Row, Extension, Depression, Horizontal Abduction)  
|     | • Initiate standing scapular retraction to isolate middle traps  
| Goals to Progress to Next Phase | 1. Functional AROM without upper trap compensation or pain.  
|     | 2. No increased pain or soreness with initial isotonic exercises.  

### Phase III: Weeks 10-12

| ROM | • Continue terminal PROM stretches in all directions except horizontal adduction and internal rotation  
|     | • Initiate gentle stretching into horizontal adduction and internal rotation  
| Strength | • Continue progression of Neuromuscular re-education for RC and Scapular Stabilizers  
|     | • Progress ER and IR strengthening to 45° of abduction.  
|     | • Initiate band/weight strengthening into FE and Abduction  
| Goals to Progress to Next Phase | 1. Full AROM and PROM  
|     | 2. Normalized arthrokinematics with daily activities  

### Phase IV: Weeks 12-17

| ROM | • Initiate inferior GH mobilizations to improve abduction if appropriate.  
| Strength | • Initiate gentle CKC UE weightbearing exercises on wall  
|     | • Initiate Throwers 10 program (T, Y, Extensions, Row)  
|     | • Progress all endurance and neuromuscular exercises  
|     | • Initiate PNF diagonals with band and manual resistance  
|     | • Initiate Plyometric medicine ball program  
| Goals to Progress to Return to Next Phase | 1. No increased pain or compensations with addition of horizontal adduction and internal rotation stretches.  

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Phase V: Weeks 18+

| ROM | • PROM as needed  
|     | • Progress all terminal stretches if needed |

| Strength | • Initiate prone CKC UE weightbearing exercises  
|         | • Initiate supine bench press and military press  
|         | • Initiate lat pull down  
|         | • Initiate prone push-ups at 5-6 months.  
|         | • Initiate controlled falls onto therapy ball or ground, emphasis on landing with elbows flexed to absorb impact.  
|         | • Initiate and progress all sport specific drills specific to sport. Initiate throwing program or gradual return to sport if appropriate. |

| Goals to Progress to Sport | 1. Physician clearance at 6 month check up for contact sports |

**References**
