This protocol guides a progressive return to full activity beginning at 3 months if all other criteria are achieved. If the criteria are met sooner, the patient must restrict his/her activity level until the end of the sixth post-operative month. If patient has a concomitant injury/repair (such as a rotator cuff repair) treatment will vary. Please consult with surgeon.

**Weeks 0-6:**
**Goals:**
1. Permit capsule-ligamentous-labral healing
2. Minimize effects of immobilization
3. Decrease pain and inflammation
4. Patient education
5. Discontinue brace use after 6 weeks

**Treatment:**
- No formal physical therapy
- Home exercise program of pendulums, elbow and wrist ROM, gripping exercises, and ice as needed
- Elbow PROM (no biceps activation)

**Weeks 7 to 12:**
**Goals:**
1. Normalize arthrokineamatics of glenohumeral and scapulothoracic joints
2. Full shoulder ROM by week 10
3. Increase total arm/scapular strength
4. Initiate strength and proprioceptive training
5. Decrease pain and inflammation

**Treatment**
*Weeks 7 to 9:*
- Address shoulder ROM (ER at 90° to 90°; FE to 180°)
- Shoulder strength (IR/ER/Extension/Abduction/Forward Elevation) with bands/weights (begin with non-provocative positions)
- Begin biceps AROM
- Thrower’s Ten
• PNF D2 manual resistance
• Non-provocative neuromuscular and proprioceptive activities (ie: bodyblade, rhythmic stabilization)
• Scapular stabilization
• Prone rows
• Supine ½ foam roll pectoralis stretch arms at side

**Weeks 10 to 12:**
- Continue strength/ROM as above
- **Initiate double-arm open chain plyometrics (begin with chest pass)**
- **Initiate ER/IR strengthening at 90° abduction**
- **Initiate full weight-bearing activity/closed kinetic chain at week 10**
- Incorporate lower extremity/core stability into program

**Weeks 13 to 20**
**Goals:**
1. Full AROM and PROM
2. Improve muscular strength and endurance
3. Initiation of functional activities

**Treatment:**
**Weeks 13 to 16:**
- Continue strength/ROM as above
- **Initiate single-arm open chain plyometrics**
- Functional and overhead strengthening

**Weeks 16 to 20:**
- Continue as above
- **Initiate interval throwing program (for most injuries, expect return to throwing by 3-6 months; throwing at full velocity is typically delayed until 6 months)**
- Initiate sport specific drills

**Weeks 21 to 26**
**Goals:**
1. Enhance muscular strength and endurance
2. Maximize neuromuscular control
3. Maintain shoulder ROM

**Treatment:**
- Continue strengthening program
- Continue neuromuscular control drills
- Continue plyometric drills
- Continue interval throwing program with progression to position specific throwing program
6 to 9 months

Goals:
1. Gradual return to full unrestricted sport activities
2. Maintain ROM, stability, and neuromuscular control
3. Achieve maximal strength and endurance

Criteria To Discharge For Return to Full Sport Activities
- Normal arthrokinematics of GH and ST joint
- Satisfactory clinical exam
- Strength testing >90% contralateral side
- Subjective scoring (Penn Shoulder Score >90 points) (DASH<15)
- Completion of both interval and positional specific throwing program

This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.

Protocol adapted from Wilk et al, JOSPT, 2005.