

Dr Kumar Shoulder Stabilisation Protocol

Revised 6th April 2020

Prehab (STAGE 0)

- scapulothoracic retraining
- cuff strengthening
- full ROM (if weakness due to cuff tear, aim for full passive ROM)
- monitor for adhesive capsulitis (if concerns, contact Dr Kumar)

0-6 weeks (STAGE 1)

- full AAROM shoulder within painful limits **EXCEPT ER to neutral and Abd to 90°** (if concerns about compliance, this occurs under the guidance of therapist only)
- scapulothoracic retraining and humeral head positioning exercises
- pendular exercises
- grip strength exercises
- elbow and wrist ROM (passive elbow ROM if biceps tenodesis)
- may come out of sling for
 - eating
 - drinking
 - showering
 - relaxing (ie, watching TV, computer use)

6 weeks-3 months (STAGE 2)

- progress to full AROM – **restrictions on ER and Abd are relaxed over this period (therapist discretion)**
- elbow and wrist ROM (AAROM elbow if biceps tenodesis)
- progressive activation of upper limb kinetic chain
- may come out of a sling but should wear if in social situation where protection of repair is not guaranteed (ie, a busy shopping centre)

3-6 months (STAGE 3)

- full AROM with theraband strengthening between 12-15 weeks
- elbow and wrist ROM (progress to AROM elbow)
- progress strengthening and dynamic upper limb activity
- reintegrate sport-specific activity and manual labour
- phase of return to pre-injury level of function



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Integrated Orthopaedic Management

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Timing of Dr Kumar's Post-Operative Appointments

- **2 weeks (Clinical Nurse Specialist)**
- **8 weeks**
- **16 weeks**
- **26 weeks (if required)**

If you have any concerns during prehab/rehab please contact Dr Kumar directly for assistance or more urgent follow-up.