

The rehabilitation guidelines contained in this document have been created and approved by the physicians and rehabilitation staff of Agility Orthopedics. There is an expectation that patients will only be advanced beyond the timelines designated in this document with the written permission of the physician. Also, physicians should be notified immediately if patients are not progressing according to the described timelines.

Weeks 0-2

- Pendulum exercises
- Pulley exercises
- Cane exercises for flexion, abduction, ER/IR (begin at 0 degrees abduction and progress to 45 and then 90 degrees of abduction)
- Isometrics (no biceps isometrics for 5-7 days post-op)
- Ice, modalities (Hi Volt), Kinesiotaping lymphatic pattern for edema

Weeks 2-4

- Patient should have full PROM, minimal pain and tenderness, good MMT for IR, ER, and flexion
- Exercises
 - ✓ Initiate isotonic program with weights including flexion, abduction, scaption, side lying ER, prone rows with ER, Theraband IR/ER at 0 degrees abduction.
 - ✓ PNF patterns with manual resistance
- At week 3, progress to:
 - ✓ Thrower's Ten Program
 - ✓ Emphasize rotator cuff and scapular strengthening
 - ✓ Dynamic stabilization drills

Weeks 4-6

- Continue Thrower's Ten Program
- Progress isotonic strengthening to include supraspinatus and deltoid
- Initiate Theraband exercises in 90/90 position for ER/IR both slow and fast sets.
- Theraband exercises for the biceps
- Initiate plyometrics (2 handed drills progressing to 1 handed drills)
- Diagonal patterns with PNF
- Continue endurance, proprioception, neuromuscular control exercises

Weeks 7 and Beyond

Continue all exercises in and initiate an interval sports program including throwing.