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BARRINGTON
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Rehabilitation Instructions:

Anterior Instability (Nonoperative Treatment)

- **Range of motion:** - Begin range of motion immediately progressing from passive to active-assist to active ROM. Begin with supine range of motion. No restrictions, but avoid rotation in abduction or flexion until three months post-injury. When not performing exercises, patient does not require sling for more than one week post-injury.
- **Strengthening:** Incorporate trunk stability: Increase reps, frequency, and weight as fit per patient. Begin strengthening once range of motion is painless, progressing from isometrics to bands to weights with a focus on the rotator cuff, deltoid, and scapular stabilizers. As strengthening progresses, focus on achieving voluntary control of the scapula in increasing degrees of abduction. Prioritize restoration of scapular rhythm and tracking. As strength returns with weights, incorporate eccentrics, plyometrics, proprioception exercises. Incorporate into sport specific or function specific exercises
- **Home exercises:** Please provide with a home exercise program. Progress as tolerated.
- **Modalities:** Heat before and ice after therapy. Other modalities as per therapist.