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**Post-Operative Rehabilitation Guidelines**  
Anterior Shoulder Stabilization with Remplissage

**0-6 Weeks:**

- Sling Immobilization at all times, except when showering
- No active or passive tension across the posterior shoulder
- Grip Strength, Elbow/Wrist/Hand ROM
- Grip strengthening
- No active elbow flexion for 8 weeks if biceps tenodesis was performed

**7-12 Weeks:**

- Discontinue sling immobilization
- No cross body or sleeper stretch, avoid passive tension on the posterior capsule
- No pushing motions
- No theraband or isometrics for ER (no active ER strengthening)
- Advance to AAROM and AROM (Limit FF to 140° at 8 weeks, then slowly progress to full as tolerated, ER at side to 40°)
- Begin prone extensions and scapular stabilizing exercises (traps/rhomboids/levator scapula)
- Gentle joint mobilization
- Modalities per PT discretion
- No active elbow flexion for 8 weeks if biceps tenodesis was performed

**3-6 Months:**

- Can begin gentle and slow progression of cross-body adduction and sleeper stretch
- May initiate ER and scapular retraction resistive training at neutral beginning at 14 weeks, and then work up to positions of elevation with theraband and/or progressive light weights (1-5 lbs.)
- Advance to full, painless ROM. Gentle stretching at end ROM
- Full AROM all directions below horizontal with light resistance
- Deltoid/Cuff progress to Isotonics
  - 8-12 repetitions/2-3 sets for rotator cuff, deltoid and scapular stabilizers
- All strengthening exercises below horizontal
- Continue and progress with Phase 2 exercises
- Begin upper extremity ergometer

**6+ Months:**

- Full ROM without discomfort
- Advance exercises in Phase 3 (strengthening 3x/week)
- Sport/Work specific rehabilitation
- Return to throwing at 4.5 months
- Return to sports at 6-8 months once approved by Dr. Bogard