

Dr. Ruwe ACLR Protocol

0-2 weeks post-surgery:

- Patient is immobilized in an abduction pillow at 80-90 degrees abduction and 45 degrees external rotation for 2 weeks.
- Splint may be removed for gentle passive abduction, flexion and external rotation 2 times per day and to allow the shoulder to adduct. Abduction and external rotation are performed in 20-30 degree horizontal adduction. Do not force external rotation.
- Isometric abduction, horizontal abduction/adduction.
- Active elbow flexion/extension strengthening exercises.
- May squeeze a soft ball.

2-6 weeks post-surgery:

- Patient no longer required to wear sling.
- Continue gentle ROM exercises with emphasis on protecting the anterior capsule.
- Active internal rotation with the arm at the side.
- Active external rotation from full internal rotation to 0 degree rotation using surgical or rubber tubing as tolerated. Full active external rotation is not allowed in this phase as this will place stress on the anterior capsule.
- Perform ROM exercises and mobilization techniques as needed (i.e. wand exercises, wall climbs, etc.).
- Active shoulder extension in the prone position. Only extend the arm until it is level with the trunk.
- Shoulder shrugs.
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6-8 weeks post-surgery:

- Continue strengthening exercises with emphasis on the rotator cuff muscles.
- Shoulder flexion strengthening exercise.
- Horizontal adduction (from 15-20 degrees horizontal adduction to 90 degrees).
- Upper body ergometer for endurance training beginning at low resistance.

2-4 months post-surgery:

- Progress with weights as tolerated (i.e. shoulder flexion, abduction, extension, supraspinatus etc.)
- By two months, patient should have full range of motion.

- At two months, continue emphasis on strengthening the rotator cuff musculature.
- May include isokinetic strengthening and endurance exercises at the faster speeds (e.g. 240/sec) for shoulder flexion and abduction.
- At 2 to 2 ½ months, add push-ups lowering the body until the arms are level with the trunk. Begin with wall push-ups, progressing to modified (on the knees) and then military push-ups (on the toes). The arms are positioned at 70-80 degrees abduction. Do not lower the body causing the arms to go past the body which would stress the anterior capsule.
- Horizontal abduction.

4 months post-surgery:

- Continue progressing weights. May add isokinetic strength training at different speeds with emphasis at the higher speeds. Position the arm in by the side for internal and external rotation.
- Perform first isokinetic test over a 3 day period.
- If the isokinetic test indicates adequate strength and endurance (70% or above) begin with tossing in the Throwing Program.

5 months post-surgery:

- Chin-ups.
- Continue with throwing program as tolerated.

6 months post-surgery:

- Continue strengthening and endurance exercises with emphasis on the muscles needed specifically for their playing position.
- Add total body conditioning program.