



Posterior Shoulder Stabilization Physical Therapy Protocol

Phase I: Protection Phase (0-6 weeks)

PRECAUTIONS

- Postoperative sling with abduction pillow in 30-45° abduction, 15° external rotation for 4-6 weeks
- Sling to be worn at all times (even when sleeping) with the exception of exercise activity and bathing
- No overhead activity
- No flexion for first 6 weeks

GOALS

- Allow/promote healing of repaired posterior capsule
- Initiate early protected ROM
- Retard muscular atrophy
- Decrease pain and inflammation

WEEKS 0-4

EXERCISES

- Gripping exercises with putty
- Active elbow flexion-extension and pronation-supination
- Active ROM cervical spine
- Passive ROM progressing to active-assisted ROM of GH joint
 - External rotation to 25-30° at 30-45° of abduction
 - Internal rotation to 15-25° at 30-45° of abduction (begin week three)
- Submaximal pain free shoulder isometrics in the plane of the scapula
 - Flexion
 - Abduction

- Extension
- External rotation
- **Avoid IR at this point**

Note: In general, all exercises begin with one set of 10 repetitions and should increase by one set of 10 repetitions daily as tolerated to five sets of 10 repetitions.

CRYOTHERAPY

- Ice after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.

WEEKS 4-6

GOALS

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain and inflammation

RANGE OF MOTION EXERCISES

- Active-assisted exercises of GH joint
 - External rotation in multiple planes of shoulder abduction (up to 90°)
 - Shoulder flexion to tolerance
 - Elevation in the plane of the scapula to tolerance
 - Shoulder abduction (pure) to 90°
 - Internal rotation 35° at 45° of abduction
- Pulleys (AAROM)
 - Shoulder elevation in the plane of the scapula to tolerance
 - Shoulder flexion to tolerance
- Gentle self-capsular stretches as needed/indicated

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

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GENTLE JOINT MOBILIZATION (GRADES I-II) TO REESTABLISH NORMAL ARTHROKINEMATICS

- Scapulothoracic joint
- GH joint (avoid posterior glides)
- SC joint
- AC joint

AROM EXERCISES

- Active abduction to 90°
- Active external rotation to 90°
- IR to 35°

STRENGTHENING EXERCISES

- Elbow/wrist progressive resistive exercise program

CONDITIONING PROGRAM

- Trunk
- Lower extremities
- Cardiovascular endurance

DECREASE PAIN AND INFLAMMATION

- Ice and modalities PRN

SLING

- Discontinue 6 weeks post-surgery

Phase II: Intermediate Phase (Weeks 6-12)

GOALS

- Full, nonpainful ROM at week eight
 - Patient will not have full IR at this time
- Normalize arthrokinematics
- Enhance strength
- Improve neuromuscular control

WEEKS 6-9

RANGE OF MOTION EXERCISES

- A/AROM to AROM as appropriate
 - External rotation to tolerance
 - Shoulder abduction to tolerance
 - Shoulder flexion to tolerance
 - Pulleys: flexion, abduction, and elevation in the plane of the scapula to tolerance
 - Internal rotation to no more than 40°

JOINT MOBILIZATION

- Continue as indicated above

STRENGTHENING EXERCISES

- Initiate IR isometrics in slight ER (do not perform past neutral)
- Initiate theraband for internal and external rotation at 0° abduction (IR later in the phase)
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder flexion
 - Latissimus dorsi
 - Rhomboids
 - Biceps curl
 - Triceps kick-out over table
 - Push-ups into wall (serratus anterior)

WEEKS 10-12

- Continue all exercises listed above

INITIATE

- Active internal rotation at 90° GH abduction with elbow at 90° flexion
- Dumbbell supraspinatus
- Theraband exercises for rhomboids, latissimus dorsi, biceps, and triceps
- Progressive push-ups

Phase III: Dynamic Strengthening Program (Weeks 12-18)

CRITERIA FOR PROGRESSION TO PHASE III

- Full, nonpainful ROM
- No complaints of pain/tenderness
- Strength 70% of contralateral side

GOALS

- Enhance strength, power, and endurance
- Enhance neuromuscular control

EMPHASIS OF PHASE III

- High-speed/high-energy strengthening exercises
- Eccentric training
- Diagonal patterns

EXERCISES

- Continue internal and external rotation theraband exercises at 0° abduction (arm at side)
- Theraband for rhomboids
- Theraband for latissimus dorsi
- Theraband for biceps and triceps

- Continue dumbbell exercises for supraspinatus and deltoid
- Progressive anterior flexion: serratus anterior push-up
- Continue trunk and lower extremity strengthening and conditioning exercises
- Continue self-capsular stretches

PROGRESS TO

- Isotonic shoulder strengthening exercises isolating the rotator cuff
 - Including sidelying external rotation, prone arm raises at 0°, 90° & 120°, prone external rotation, and internal rotation at 0° & 90°
 - Progress to standing strengthening exercise once able to tolerate resistance against gravity without substitution
- Progress scapulothoracic/upper back musculature strengthening exercises
- Dynamic stabilization exercises
- Proprioceptive Neuromuscular Facilitation (PNF) exercises

Phase IV: Return to Activity Phase (Weeks 20-28)

CRITERIA FOR PROGRESSION TO PHASE IV

- Full ROM
- No pain or tenderness
- Satisfactory clinical examination

GOAL

- Progressively increase activities to prepare patient for unrestricted functional return

EXERCISES

- Continue theraband and dumbbell exercises outlined in phase III
- Continue ROM exercises
- Initiate interval programs between weeks 28 and 32 (if patient is a recreational athlete)
- Continue strengthening exercises for scapular and rotator cuff muscles
- Progress to functional activities needed for ADLs and sport