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PHYSICAL THERAPY PROTOCOL
POSTERIOR STABILIZATION

Procedure	**Date of Surgery:** _____ **R L B/L** Arthroscopic Posterior Stabilization **Additional Procedures:**_____	**PLAN** **Physical Therapy for R L B/L** Shoulder 2-3x Per Week x 12 Weeks
General Guidelines	The intent of this protocol is to provide the physical therapist with a guideline/treatment protocol for the postoperative rehabilitation management for a patient who has undergone a Posterior Labral Repair/Posterior Stabilization. It is not a substitute for a physical therapist's clinical decision making regarding the progression of a patient's postoperative rehabilitation based on the individual patient's physical exam/findings, progress, and/or the presence of postoperative complications. If the physical therapist requires assistance in the progression of a postoperative patient who has had the procedure the therapist should consult with the referring surgeon. **Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression.** The rehabilitation program following posterior shoulder stabilization emphasizes early, controlled motion to prevent contractures and to avoid excessive passive stretching later on. Internal rotation and horizontal adduction are avoided early and then progressed cautiously to avoid excessive stress of the posterior capsule. The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Particular emphasis will be placed on the posterior glenohumeral and scapular musculature to further assist in protecting the posterolabral complex. The program is based on the patient returning to sport-specific activities no earlier than 16 weeks post-surgery, with overhead activities and contact sports progressed last. **Follow physician's modifications as prescribed**	

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PHASE I (WEEKS 0-4) MAXIMUM PROTECTION PHASE	**GOALS** ▪ PROTECTING SURGICAL REPAIR ▪ Limiting horizontal adduction and IR to neutral ▪ Patient compliance with sling immobilization ▪ Promote healing: reduce pain, inflammation and swelling ▪ Elevation in plane of scapula: to 90° ▪ External Rotation: to 30° ▪ Initiate restoration of humeral head and scapular control ▪ Independent home exercise program **TREATMENT RECOMMENDATIONS** ▪ AAROM elevation in plane of scapula to 90°, ER to 30° ▪ Scapular mobility and stability (side lying, progressing to manual resistance) ▪ Sub-max deltoid isometrics in neutral (3-4 wks) ▪ Sub-max RC isometrics in neutral (3-4 wks) ▪ Elbow/ wrist AROM ▪ Gripping exercises ▪ Modalities for pain and edema prn. ▪ Emphasize patient compliance to HEP and protection during ADLs	**PRECAUTIONS** ▪ Immobilizer at all times when not exercising ▪ Internal Rotation and Horizontal Adduction limited to neutral **MINIMUM CRITERIA FOR ADVANCEMENT** ▪ External Rotation to 30° ▪ Minimal pain or inflammation
PHASE II (WEEKS 5-6)	**GOALS:** ▪ Continue to promote healing ▪ Elevation in plane of scapula to 90° ▪ Internal Rotation to 45° ▪ Begin to restore rotator cuff strength to 4/5 **Emphasize** ▪ PROTECTING SURGICAL REPAIR ▪ Monitoring ROM ▪ Avoiding excessive stretch to posterior capsule ▪ Avoiding inflammation of rotator cuff	**PRECAUTIONS:** ▪ Limit Internal rotation to 45° ▪ Horizontal adduction limited to neutral ▪ Protect posterior capsule ▪ Avoid rotator cuff inflammation

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	TREATMENT RECOMMENDATIONS: ▪ D/C immobilizer (MD directed) ▪ AAROM elevation in plane of scapular and ER ▪ Progress scapular strengthening protecting posterior capsule (modify closed chain exercises) ▪ Sub-maximal isometrics ER/IR ▪ Sub-maximal deltoid isometrics ▪ Modalities for pain and edema, prn ▪ Progress HEP	**MINIMUM CRITERIA FOR ADVANCEMENT:** ▪ Minimal pain and inflammation ▪ Elevation in plane of scapula to 90° ▪ Internal rotation/ external rotation strength 4/5
PHASE III (WEEKS 7-12)	**EMPHASIZE:** ▪ PROTECTING SURGICAL REPAIR ▪ Avoiding excessive passive stretching ▪ Avoiding inflammation of rotator cuff ▪ Establishing normal strength base and rotator cuff strength base **GOALS:** ▪ Restore full shoulder range of motion ▪ Restore normal scapulohumeral rhythm throughout ROM ▪ Upper extremity strength 5/5 ▪ Restore normal UE flexibility	**PRECAUTIONS:** ▪ Avoid rotator cuff inflammation ▪ Continue to protect posterior capsule ▪ Avoid excessive passive stretching

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	▪ Isokinetic IR/ER strength 85% of unaffected side **TREATMENT RECOMMENDATIONS:** ▪ Initiate AAROM IR ▪ Continue AAROM for ER and elevation on plane of scapula ▪ Continue progressive scapula strengthening, protecting posterior capsule ▪ Initiate IR/ER in modified neutral ▪ Begin latissimus strengthening ▪ Begin scapula plane elevation when RC and scapula strength is adequate ▪ Humeral head stabilization exercises ▪ PNF patterns if IR/EP is 5/5 ▪ Isokinetic training & testing ▪ UE endurance (UBE) ▪ Initiate flexibility exercises, modalities prn, modify HEP	**MINIMUM CRITERIA FOR ADVANCEMENT:** ▪ Pain-free ▪ Full upper extremity range of motion ▪ Normal scapulohumeral rhythm ▪ Normal upper extremity flexibility ▪ IR/ER strength 5/5 ▪ Isokinetic IR strength 85% of unaffected side
PHASE IV (WEEKS 13-18+)	**EMPHASIZE** ▪ Eccentric strengthening for overhead athlete ▪ Elimination of strength deficits ▪ Restoration of ER/IR strength ratio ▪ Restoration of flexibility to meet demands of sport activity **GOALS:** ▪ Restore normal neuromuscular function	**PRECAUTIONS:** ▪ Pain free plyometrics ▪ Significant pain with a specific activity ▪ Feeling of instability ▪ Avoid loss of strength and instability ▪ Avoid overtraining

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	▪ Maintain strength and flexibility ▪ Isokinetic IR/ER strength at least equal to the unaffected side ▪ > 66% Isokinetic ER/IR strength ratio ▪ Prevent Re-injury **TREATMENT RECOMMENDATIONS:** ▪ Full UE strengthening emphasizing eccentrics ▪ UE flexibility program ▪ Advance ER/IR strength to 90/90 position (overhead athlete) ▪ Isokinetic training and testing ▪ Continue endurance training ▪ Initiate plyometrics ▪ Sport and activity related program ▪ Address trunk and LEs as required ▪ Modalities prn, modify HEP	**CRITERIA FOR DISCHARGE:** ▪ Pain free Sport or Activity specific program ▪ Isokinetic IE/ER strength at least equal to unaffected side ▪ > 66% Isokinetic ER/IR strength ratio ▪ Independent Home Exercise Program ▪ Independent Sport or Activity specific program