



Posterior Shoulder Stabilization

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone arthroscopic or open posterior shoulder stabilization. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-6 weeks

Immobilization: Shoulder immobilizer (abduction and 0 degrees external rotation)

Restrictions:

0-3 Weeks: No shoulder ROM exercises

3-6 Weeks: ER no limits, FF 90°, ABD 90°, IR 45°. Avoid cross body adduction. Note that ROM exercises should not be forceful but a slow progressive stretch.

Exercises:

0-3 Weeks: Gripping exercises, elbow, wrist and finger ROM.

3-6 Weeks: Begin shoulder ROM (active and passive) within permissible range. Use modalities as needed. Instruct on HEP to perform for 15-30 minute sessions twice daily.

Phase 2: **Time Frame:** 6-12 weeks

Immobilization: None.

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Restrictions: Patient instructed to avoid at risk position – cross body adduction and loading in the posterior direction. ROM Restrictions: ER – no restrictions, IR 60°, FF 135°, Abduction 120°, avoid cross body adduction.

Exercises: Continue with Phase 1 exercises. Gradually advance ROM (active and passive) as tolerated. At 6 weeks begin shoulder isometric strengthening, initially performed with arms at side (IR, ER, scapular stabilization). Advance to exercises with arms away from body. At 8 weeks add resistance strengthening exercises.

Phase 3: **Time Frame:** 12-16 weeks

Immobilization: None

Restrictions: Exercise advancement should continue for ROM and strengthening with no specific restriction; with the exception, avoid bench press until 16 weeks post-op. Advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 90% or greater of normal ROM by 16 weeks). Continue rotator cuff and peri-scapular muscle strengthening. Gradually add endurance exercises as tolerated.

Phase 4: **Time Frame:** 16+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 12 weeks. Add plyometric training for athletes at 16 weeks. Add exercises simulating sport or work requirements at 20 weeks.

Phase 5: **Time Frame:** 20+ weeks

Exercises: Continue with ROM and strengthening; however, the emphasis should be on a return to sport program with sports specific exercises.

Goal: Return to competitive sport at 26 weeks post-op.