Posterior Shoulder Stabilization Protocol

| | Phase I: weeks 1-3 | Phase II: weeks 4-6 | Phase III: weeks 7-8 |
|--|--|---|---|
| Weight-Bearing and Immobilization | Sling immobilizer in neutral rotation with abduction pillow at all times except for showering and during PT/HEP Non-weight-bearing | | Wean sling immobilizer |
| Aerobic | • None | • None | • None |
| Range of Motion (ROM) and Strengthening | ROM Pendulum exercises Full hand, wrist, and elbow AROM Protect posterior capsule from stretch, limit IR, and horizontal adduction to neutral Wrist and grip strengthening | Continue Phase I exercises as necessary ROM AAROM FF to 90° in scapular plane (wand exercises) AAROM ER to 45° (wand exercises) Limit IR and horizontal adduction to neutral Manual scapular side-lying exercises No cross-arm adduction | Continue Phase II exercises as necessary ROM AAROM FF to 120° in scapular plane AAROM ER to tolerance (do not force) AAROM for IR to stomach Begin latissimus and scapular strengthening while protecting posterior capsule Begin humeral head stabilization exercises Begin pain-free submaximal isometrics with arm at side (FF, ER, IR, abduction, adduction) |
| Other | Heat before and/or ice after PT sessions as needed Modalities as needed to reduce pain, swelling, and for muscle re-education Home Exercise Program (HEP) per discretion of Physical Therapist | | |
| Goals | Pain and inflammation control Protection of tissue healing Minimize joint stiffness | Continue protection of tissue healing Minimize pain and inflammation Progress ROM within above limitations | Continue protection of tissue healing Progress ROM within above limitations Begin light strengthening |

| | Phase IV: weeks 8-12 | Phase V: weeks 12+ | | |
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| Weight-Bearing and Immobilization | • WBAT | | | |
| Aerobic | May begin stationary bikeMay begin elliptical machine at week 8 | Begin walk-jog-run progressionProgress to advanced conditioning as tolerated | | |
| Range of Motion (ROM) and Strengthening | Continue Phase III exercises as necessary ROM Begin AROM progressing to full FF and ER Begin AAROM IR with arm in 45° of abduction and progress to active IR No manipulations by PT Encourage patients to do ROM exercises daily Progress scapular and glenohumeral exercises Strengthening Begin once achieved AROM FF 140° and progress as tolerated (pain-free) Progress from isometrics to bands to light weights (1-5 lbs,) Begin isotonic rotator cuff and deltoid strengthening 2-3 sets of 8-12 reps for rotator cuff, deltoid, and scapular stabilizers with low abduction angles ≤ 3x per week to avoid rotator cuff tendonitis Closed chain exercises | Continue Phase IV exercises as necessary Progress to full ROM as tolerated Continue upper extremity strengthening with emphasis on eccentric exercises Advance ER and IR strengthening in 90/90 position Begin plyometrics (eg. weighted ball toss) Begin proprioception (eg. Bodyblade) Begin sport-specific or activity-specific program including advanced conditioning | | |
| Other | Heat before and/or ice after PT sessions as needed Modalities as needed to reduce swelling and for muscle re-education Home Exercise Program (HEP) per discretion of Physical Therapist | | | |
| Goals | Advance ROMAdvance strengtheningAdvance home exercise program | Progress to pain-free sport-specific or activity-specific programFull ROM | | |

Other Sport-Specific Restrictions

- May return to throwing 4.5 months (18 weeks) after surgery
- May begin push-ups at 4.5 6 months (18-24 weeks)
- May return to pitching from a mound 6 months (24 weeks) after surgery
- May return to contact sports 6-9 months after surgery