

## **Posterior Shoulder Stabilization Protocol**

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#### **Background Information:**

The included guideline is intended for post-operative rehabilitation and includes arthroscopic posterior shoulder stabilization surgical procedures.

**\*\* Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients\*\* if there are any questions don't hesitate to contact, myself or my team**

\*\*Progression through this guideline is time dependent on soft tissue healing as well as criterion-based concerning patient demographics and clinical assessment. Please refer to the surgical note for information regarding each procedure.

**General Precautions:** the intended guidelines are used to reduce the risk of excessive joint laxity/instability and reduce stress to the posterior capsule & labrum. All ROM should be staged, not significantly exceeded, and never forced

#### **Use of sling for 4 weeks – work on pendulums, elbow, wrist and hand ROM, PT to start after 4 weeks**

-Removal for bathing, hygiene, dressing. Can perform writing/typing with elbow supported

- Avoid positions of horizontal adduction or internal rotation
- Horizontal adduction or internal rotation stretches should be avoided for 10-12 weeks
- Avoid weightbearing through involved UE for 10-12 weeks
- Isotonic strengthening should be held until week 8
- Avoid posterior glenohumeral joint mobilizations

#### **Phase 1: Protected Motion (4-8 weeks)**

##### **GOALS:**

- Maximally protect the surgical repair (capsule, ligaments, labrum, suture anchors)
- Slowly increase staged ROM goals- never force ROM
- Patient education on postoperative restrictions
- Minimize shoulder pain & inflammatory response
- Minimize effects of immobilization

##### **PRECAUTIONS:**

- Limit use of UE/avoid lifting with arm.

**Phase 2: Moderate Protection (8-12 weeks)****GOALS:**

- Normalize arthrokinematics of glenohumeral & scapulothoracic joints
- Full shoulder ROM obtained by week 10
- Increase total arm strength and neuromuscular control
- Monitor and decrease pain and/or inflammation

**PRECAUTIONS:**

- Limit use of UE/avoid heavy lifting with arm.  
\*\*Avoid horizontal adduction and IR stretching, weight bearing through involved UE (until weeks 8-10)
- Initiate isometric or isotonic strengthening at week 8

**Phase 3: Minimal Protection (13-16 weeks)****GOALS:**

- Full AROM & PROM
- Improve muscular strength and endurance
- Initiation of functional activities

**PRECAUTIONS:**

- Do not increase stress to shoulder in a short period or uncontrolled manner
- Do not progress into activity-specific training until full ROM and strength are achieved
- Gradually load UE CKC (weight bearing) activity per below guidelines
- If patient does not perform velocity dependent tasks during work/sport/ADLs do not perform plyometrics

**CRITERIA FOR PLYOMETRIC TRAINING**

1. Adequate strength of scapular stabilizers & rotator cuff: MMT 4+/5 (70-80% bilateral comparison with handheld dynamometer)
2. Involved extremity ER to IR ratio >66% (isokinetic or handheld dynamometry testing)
3. Pain-free ADLs and with previous strengthening
4. Minimum 3 weeks of multi-plane activity at increased speed of movement

**Weeks 16+****GOALS:**

- Enhance muscular strength and endurance
- Maximize reactive neuromuscular control
- Maintain shoulder ROM

**PRECAUTIONS:**

- Gradually increase tissue exposure to velocity dependent functional activity
- Continue progressive loading of CKC activity per below guidelines (avoid prone push-ups until 5-6 months)

- Progressively involve functional activity/sport-specific training in a controlled & safe manner

**MILESTONES TO INITIATE INTERVAL PROGRESSION PROGRAMS (e.g. throwing)**

1. Clearance from physician
2. Muscular strength >80% bilateral comparison for rotator cuff & scapular stabilizers (handheld dynamometer)
3. Involved extremity ER to IR ratio >75% (isokinetic or handheld dynamometry testing)
4. Full functional ROM with appropriate scapulohumeral rhythm
5. Completion of a UE plyometric progression program