

**D. Charles Eggert, MD**  
**Posterior Shoulder Stabilization**  
**Post-Operative Protocol**

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**Phase 1: (Weeks 0-4)**

- Restrictions: No shoulder ROM
- Immobilization: External rotation shoulder sling x6 weeks
- Elbow Motion:
  - Passive: progress to active
  - 0-130° flexion
  - Pronation and supination as tolerated
- Strengthening: Grip strengthening only

**Criteria to move to Phase 2:**

- Adequate immobilization

**Phase 2: (Weeks 4-8)**

- Immobilization:
  - Discontinue external rotation shoulder sling at 6 weeks post-op
- Restrictions:
  - Shoulder motion: supine active assisted ROM only
    - Forward flexion 120°
    - Abduction 45°
    - Passive ER at side as tolerated
    - No IR
  - Avoid provocative maneuvers that re-create position of instability
  - Avoid excessive IR
- Shoulder motion goals:
  - Forward flexion 120°
  - Abduction 45°
  - ER as tolerated
  - No IR
- Muscle strengthening:
  - Closed chain isometric strengthening with the elbow flexed to 90° and the arm at the side
    - Forward flexion
    - IR

- No ER strengthening until week 10 for open, week 4 for arthroscopic
- Abduction
- Adduction
- Strengthening of scapular stabilizers
  - Closed chain strengthening exercises
  - Scapular retraction
  - Scapular protraction
  - Scapular depression
  - Shoulder shrugs

### **Criteria for progression to Phase 3:**

- Minimal pain and discomfort with active ROM and closed-chain strengthening exercises
- No sensation or findings of instability with above exercises

### **Phase 3: (Weeks 8-12)**

- Restrictions:
  - Shoulder motion: active and active-assisted motion exercises
    - 160° forward elevation
    - Full ER
    - 70° abduction
    - IR and adduction to stomach
- Shoulder motion goals:
  - 160° forward elevation
  - Full ER
  - 70° abduction
  - IR and adduction to stomach
- Exercises:
  - Active ROM exercises
  - Active-assisted ROM exercises
- Muscle strengthening:
  - Rotator cuff strengthening- 3 times per weeks, 8-12 repetitions for three sets
    - Continue with closed-chain isometric strengthening
    - Progress to open-chain strengthening with low weight dumbbells or equivalent
      - Exercises performed with the elbow flexed to 90°
      - Starting position is with the shoulder in the neutral position of 0° forward elevation, abduction, and ER
      - Exercises are performed through an arc of 45° in each of the five planes of motion
        - IR
        - ER

- Abduction
- Forward elevation
- Strengthening or scapular stabilizers
  - Continue with closed-chain strengthening exercises
  - Advance to open-chain isotonic strengthening exercises

#### **Criteria for progression to Phase 4:**

- Minimal pain and discomfort with active ROM and muscle strengthening exercises
- Improvement in strengthening of rotator cuff and scapular stabilizers
- Satisfactory physical examination

#### **Phase 4: (Months 3-6)**

- Goals:
  - Improve shoulder strength, power and endurance
  - Improve neuromuscular control and shoulder proprioception
  - Restore full shoulder motion
  - Establish a home exercise maintenance program that is performed at least three times per week for both stretching and strengthening
- Shoulder motion goals:
  - Obtain motion that is equal to contralateral side
  - Active ROM exercises
  - Active-assisted ROM exercises
  - Passive ROM exercises
  - Capsular stretching (especially posterior capsule)
- Muscle strengthening:
  - Rotator cuff and scapular stabilizer strengthening as outlined above
    - Three times per week, 8-12 repetitions for three sets
- Upper extremity endurance training:
  - Incorporated endurance training for the upper extremity
    - Upper body ergometer
- Proprioceptive training:
  - PNF patterns
- Functional strengthening:
  - Plyometric exercises
- Progressive, systematic interval program for returning to sports:
  - Golf
  - Throwing athletes (not before 6 months)
  - Tennis

**Maximum improvement is expected between 8-12 months.**

- **Warning signs**
  - Persistent instability

- Loss of motion
- Lack of strength progression- especially abduction
- Continued pain
- **Treatment of complications**
  - These patients may need to move back to earlier routines
  - May require increased utilization of pain control modalities as outlined above
  - May require imaging work-up or other evaluation

\*Please feel free to contact Dr. Eggert's office with any questions or concerns. Dr. Eggert's care coordinator is available by phone at 952-442-2163.