



Brian Bjerke, MD

Posterior Shoulder Stabilization

Post-Operative Protocol

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 of 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. Brian Bjerke's office with any questions or concerns. Dr. Bjerke's care coordinator Andria Larson is available by phone at 952-456-7095.