

ARTHROSCOPIC POSTERIOR SHOULDER STABILIZATION (POSTERIOR LABRAL REPAIR) PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1-2 Sessions/week Begin after 2 weeks	 Shoulder immobilizer x 6 weeks full time except hygiene and PT exercises Limit PROM to 90 deg FF, 90 deg Abduction, 45 deg IR Avoid cross body adduction x 6 weeks 	 Begin PROM after 2 weeks (Goal of 90 deg FF, 90 deg Abduction, 45 deg IR by 6 weeks) 	 Elbow/wrist ROM exercises, grip Codman's, posterior capsule mobilizations, closed chain scapula exercises after 2 weeks
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	 Out of brace Avoid resisted rotator cuff exercises of the shoulder until 8 weeks 	 Continue with PROM to reach full ROM and appropriate joint mobilizations (Goal of 135 deg FF, 120 deg Abduction, 45 deg ER by 10 weeks) Advance to AAROM/AROM at 6 weeks 	 Wands/pulleys/wall climbs Begin deltoid/cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff at 8 weeks
PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week		- Full AROM in all planes	 Progress PREs (light weight, high repetition) Emphasize external rotation and latissimus eccentrics, dynamic stabilization Neuromuscular and proprioceptive training Aerobic conditioning and preparation for return to work/sport and ADLs Cycling and running as tolerated

PHASE 4 18 Weeks + Sessions as needed Transition to home exercise program	 Sport and work specific exercises 	 Aggressive scapular stabilization and eccentric strengthening Begin plyometric exercises -Improve neuromuscular control and shoulder proprioception Advance to home exercise program 3 times/week and daily shoulder stretching Return to sport and weight training after 4 months (contact sports after 5 months) once clear by MD Return to throwing after 6 months (throw from mound after 9
		from mound after 9 months)

This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.