

Posterior Shoulder Stabilization Rehabilitation Protocol

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Specific requests or deviations that fall outside the scope of this protocol will be made by the provider as appropriate for the individual patient.

Phase I (Weeks 0 – 6)	Phase II (Weeks 6 – 12)	Phase III (Week 12 – Discharge)
<p>Regular therapy visits (for early PROM) is at the therapist's and surgeon's discretion, but should begin by the fourth week with Phase I guidelines.</p> <p>EDUCATE</p> <ul style="list-style-type: none"> Self Care Home ice use Sling – 6 weeks for open or arthroscopic repairs (May be removed for dressing, hygiene, and tabletop use of hand, wrist, and elbow) Warning Signs - fever, chills, redness, swelling <p>PROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> Forward elevation: 0-90° ABD: 0-60° ER: up to 45° in scapular plane IR: limit <p>EXERCISES</p> <ul style="list-style-type: none"> Pain-free gentle pendulums AROM: elbow, wrist, hand Scapular exercises Isometrics, in neutral, pain-free <p>CRITERIA FOR PROGRESSION Minimal pain with PROM exercises and 90° forward elevation</p> <p>GENERAL GOALS Protect the surgical repair, maintain regional joint mobility, and control swelling and pain.</p>	<p>PROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> Forward elevation: 0-120° (week 6) 0-160°+ (week 12) EXT: 0-45° <p>EXERCISES</p> <ul style="list-style-type: none"> Begin scapular stabilization* Begin wand and/or pulley assisted AAROM Supine FF stretch <p>Week 6</p> <ul style="list-style-type: none"> Begin AROM UBE with minimal resistance Closed chain <p>Week 8</p> <ul style="list-style-type: none"> Closed chain isometrics Gentle and pain-free manual joint stretching may begin at 8 weeks if ROM is limited, excluding stress to the posterior capsule <p>Week 8-12</p> <ul style="list-style-type: none"> PREs* at 8-12 weeks based on patient tolerance <div data-bbox="673 1381 1040 1684" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Isotonic PRE Examples *2 oz. = dinner knife *4 oz. = can of tuna *10 oz. = soup can *1 lb. Weight *2 lbs., 3lbs., etc. Example Goals: Overhead athlete, 3-5 lbs. General candidate, 1-3 lbs. Progress only if pain free.</p> </div> <p>GENERAL GOALS Progress PROM, begin strengthening, and stress patient independence with home program.</p>	<p>ROM GUIDELINES</p> <ul style="list-style-type: none"> ROM is expected to be WNL for all planes of motion. If the patient is a high-level athlete, more than 90 degrees of ER may be needed. <p>CRITERIA FOR PROGRESSION TO SPORT SPECIFIC PROGRAM</p> <ul style="list-style-type: none"> Pain-free full ROM, normal glenohumeral rhythm, upper extremity strength 5/5, isokinetic strength 85% of unaffected side <p>RETURN TO SPORTS/WORK</p> <ul style="list-style-type: none"> The surgeon must clear "Full Force" status and Throwing Program if patient is to return to sports, heavy manual labor, etc. Consider referral to sports specific rehab therapist if patient is returning to sport. Maximum improvement, full-recovery, or unrestricted activity/work is anticipated at 8-12 months <p>GENERAL GOALS Restore functional use of involved extremity for all required activities (work, sports, daily activities, etc.)</p>

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Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.