

Standard Posterior Shoulder Stabilization Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-4	<ul style="list-style-type: none"> Protect surgical site and repair Decrease pain and inflammation PRICE principles Minimize muscle atrophy Maintain elbow, wrist and hand function 	<ul style="list-style-type: none"> No shoulder motion No lifting Arm away from abdomen with hand remaining in neutral or “thumbs up” position when out of immobilizer Wear sling with pillow except for hygiene and exercise performance IR limited weeks 0-6 	<ul style="list-style-type: none"> Shoulder arm hang exercises AAROM to AROM of elbow, wrist and hand with arm in plane of body Scapular retraction isometrics with immobilizer on Core activation with immobilizer on Cryotherapy: 5-7times per day May initiate cardiovascular exercise (bike) beginning week 2 Initial visit: FOTO, QuickDASH
Weeks 4-16	<ul style="list-style-type: none"> Maintain integrity of repair Initiate PROM and slowly advance to AAROM to AROM Functional AROM of shoulder flexion by week 12-16 80% IR by week 12-16 Functional scapular mechanics by week 12-16 Improve motor control Improve total arm strength 	<ul style="list-style-type: none"> Discontinue pillow at week 4, but continue sling for comfort as needed Immobilizer worn at night until week 6 Do not force motion No posterior shoulder stretching or capsular stress until week 8 No weight bearing through shoulder until week 12 Avoid RTC pain with strengthening 	<ul style="list-style-type: none"> Week 4: PROM-AAROM-AROM of shoulder ER/IR, flexion, & abduction shoulder flexion/scapular plane/ abduction as tolerated <ul style="list-style-type: none"> Avoid compensation Week 6: Initiate IR/ER isometrics in neutral Week 6: No limits with ROM and scapular stabilizer strengthening Week 8: Isotonic progression of strength of scapular stabilizers, RTC, forearm and core, provided no pain Week 10: May initiate mobilization if needed Week 12: Initiation of non-weight bearing sub max plyometric exercise (below shoulder height) Week 12: May begin jogging/running Modalities as needed Week 12: FOTO, QuickDASH
Weeks 16-20 (Months 4-5)	<ul style="list-style-type: none"> Maintain integrity of repair Progress RTC exercises Progress scapular stabilizer strengthening Full AROM compared bilaterally without compensation 	<ul style="list-style-type: none"> Do not force motion Avoid RTC pain with strengthening 	<ul style="list-style-type: none"> Week 16: Functional testing including HHD for IR/ER/Flexion and UE Y-balance No compensations during exercise performance Modalities as needed Week 16: FOTO, QuickDASH
Weeks 20+ (Months 5+)	<ul style="list-style-type: none"> Initiate return to sport progression Initiate higher level impact activity General goal for full return to sport at 6 months, depending on progression and sport demands 	<ul style="list-style-type: none"> Focus on form and control during exercise performance Use of appropriate work rest intervals Assess tolerance to activity during, after and at 24 hours after activity Return to sport activity with surgeon approval 	<ul style="list-style-type: none"> Low level sport specific activity, progressing to higher demand activity Continue with Anaerobic and aerobic interval training Continue with core stability per tolerance <ul style="list-style-type: none"> Multiple planes Stability in all 3 planes of motion Sport specific movements Plyometric activities progressing from simple to complex, pre-throwing and overhead Week 24: FOTO, QuickDASH

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
 Each patient's progress may vary based on specifics to their injury and procedure.



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