Sutter Health

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Arthroscopic Posterior Shoulder Stabilization:

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Phase I - Maximum Protection (Weeks 0-6)

Goals

- Permit capsule-labral-ligamentous healing
- Minimize effects of immobilization
- Decrease pain and inflammation
- Use cryo-cuff 3-4 times per day
- Patient education (goals, shoulder in sling except for bathing, etc).

Sling

- Wear ER brace continuously (including sleep) for 6 weeks

Strengthening

- No isometric or isotonic strengthening

Therapeutic Exercises

- Perform 2 times per day with emphasis on protecting the posterior joint capsule
- Education in performance of pendulums
- Initiate PROM in ER in neutral and supine
- Initiate wand supine FF to 90° for first 4 weeks
- Progress wand supine FF to 120° at Weeks 4-6.
- PROM/AROM of elbow and wrist
- Ball squeezes
- Use of modalities as needed (ice, heat, NEMS, etc)
- No active shoulder elevation or rotation for 6 weeks

Goals to Progress to Phase II

- Pain controlled
- Achieved passive FF to 120°
- Surgeon clearance for sling discharge at 6 weeks

Phase II - Moderate Protection, Progressive ROM, and Early Strengthening (Weeks 7-12)

Weeks 7-10

- ROM
    - Progress FF in supine to 180° as tolerated
    - Progress ER at 90° of abduction
    - AROM as tolerated without upper trapezius substitution
    - Continue avoidance of horizontal adduction and internal rotation movements or stress
    - Avoidance of UE weight-bearing exercises or positions.
- Strengthening
    - Neuromuscular re-education for rotator cuff and scapular stabilizers
    - Rhythmic stabilization in non-provocative positions (90° FF, 120° FF, and ER)
    - Scapular PNF with manual resistance
    - Initiate dynamic isometrics with bands
    - Initiate light band exercises for ER and IR at neutral
    - Initiate light band exercises for scapular stabilization (row, extension, depression, horizontal abduction)
    - Initiate standing scapular retraction to isolate middle trapezius
- Criteria to Progress to Next Phase
    - Functional AROM without upper trapezius compensation or pain
    - No increased pain or soreness with initial isotonic exercises

Weeks 10-12

- ROM
    - Continue terminal PROM stretches in all directions except horizontal adduction and internal rotation
    - Initiate gentle stretching into horizontal adduction and IR
- Strengthening
    - Continue progression of neuromuscular re-education for RC and scapular stabilizers, PNF D2 manual resistance
    - Progress ER and IR strengthening to 45° abduction
    - Initiate band/weight strengthening into FF and abduction
- Criteria to Progress to Next Phase
    - Full AROM and PROM
    - Normalized arthrokinematics with daily activities

Phase III – Progressive Strengthening (Weeks 12-16)

- ROM
    - Initiate interior GH mobilizations to improve abduction if appropriate

- Strengthening
    - Initiate gentle CKC UE weight-bearing exercises on wall
    - Initiate Throwers 1O program (T, Y, Extensions, Row)
    - Progress all endurance and neuromuscular exercises
    - Initiate PNF diagonals with band and manual resistance
    - Initiate plyometric medicine ball program
    - Add push-ups (at week 16+, not before). Movement should be pain free with emphasis on protecting the posterior joint capsule. Shoulders are positioned in 80° to 90° of abduction. Caution is applied during the ascent phase of the push-up to avoid excessive stress to the posterior capsule. Do not raise the body beyond the scapular plane. Begin with wall push-ups. As strength improves, progress to floor push-ups (modified - hands and knees or military - hands and feet), as tolerated by the patient.
- Criteria to Progress to Next Phase
    - Minimal pain or compensation with addition of horizontal adduction and IR stretches

Phase IV - Advanced Strengthening and Functional Drills (Weeks 18-20)

- ROM
    - PROM as needed
    - Progress all terminal stretches if needed
- Strengthening
    - Initiate prone closed chain UE weight-bearing exercises
    - Initiate incline bench pressing with wide grip (low weight, high repetitions)
    - Avoid standard bench pressing and push-ups until 6 months post-op
    - Initiate lat pull downs
    - Initiate prone push-ups at 5-6 months
    - Initiate controlled falls onto therapy ball or ground, emphasis on landing with elbows flexed to absorb impact
    - Initiate and progress all sport-specific drills for individual sport
    - Initiate throwing program or gradual return to sport if appropriate

Phase V - Plyometric Drills and Return to Sports (Weeks 20-24+)

- Advance gym strengthening
- Progress running/sprinting program
- Begin multi-directional field/court drills
- Begin bilateral progressing to unilateral plyometric drills
- Follow-up appointment with physician
- Sports test for return to competition

Criteria to Return to Sports

- Surgeon clearance at 6 month check-up for contact sports
- Normal arthrokinematics of GH and ST joints

- Strength testing $\geq$ 90% of contralateral side