Posterior Shoulder Stabilization Protocol

	Phase I: weeks 1-3	Phase II: weeks 4-6	Phase III: weeks 7-8
Weight-Bearing and Immobilization	 Sling immobilizer in neutral rotation with abduction pillow <u>at all times</u> except for showering and during PT/HEP Non-weight-bearing 		• Wean sling immobilizer
Aerobic	• None	• None	• None
Range of Motion (ROM) and Strengthening	 ROM Pendulum exercises Full hand, wrist, and elbow AROM Protect posterior capsule from stretch, limit IR, and horizontal adduction to neutral Wrist and grip strengthening 	 Continue Phase I exercises as necessary ROM AAROM FF to 90° in scapular plane (wand exercises) AAROM ER to 45° (wand exercises) Limit IR and horizontal adduction to neutral Manual scapular side-lying exercises No cross-arm adduction 	 Continue Phase II exercises as necessary ROM AAROM FF to 120° in scapular plane AAROM ER to tolerance (do not force) AAROM for IR to stomach Begin latissimus and scapular strengthening while protecting posterior capsule Begin humeral head stabilization exercises Begin pain-free sub- maximal isometrics with arm at side (FF, ER, IR, abduction, adduction)
Other	 Heat before and/or ice after PT sessions as needed Modalities as needed to reduce pain, swelling, and for muscle re-education Home Exercise Program (HEP) per discretion of Physical Therapist 		
Goals	 Pain and inflammation control Protection of tissue healing Minimize joint stiffness 	 Continue protection of tissue healing Minimize pain and inflammation Progress ROM within above limitations 	 Continue protection of tissue healing Progress ROM within above limitations Begin light strengthening

	Phase IV: weeks 8-12	Phase V: weeks 12+	
Weight-Bearing and Immobilization	• WBAT		
Aerobic	May begin stationary bikeMay begin elliptical machine at week 8	 Begin walk-jog-run progression Progress to advanced conditioning as tolerated 	
Range of Motion (ROM) and Strengthening	 Continue Phase III exercises as necessary ROM Begin AROM progressing to full FF and ER Begin AAROM IR with arm in 45° of abduction and progress to active IR No manipulations by PT Encourage patients to do ROM exercises daily Progress scapular and glenohumeral exercises Strengthening Begin once achieved AROM FF 140° and progress as tolerated (pain-free) Progress from isometrics to bands to light weights (1-5 lbs,) Begin isotonic rotator cuff and deltoid strengthening 2-3 sets of 8-12 reps for rotator cuff, deltoid, and scapular stabilizers with low abduction angles ≤ 3x per week to avoid rotator cuff tendonitis Closed chain exercises 	 Continue Phase IV exercises as necessary Progress to full ROM as tolerated Continue upper extremity strengthening with emphasis on eccentric exercises Advance ER and IR strengthening in 90/90 position Begin plyometrics (eg. weighted ball toss) Begin proprioception (eg. Bodyblade) Begin sport-specific or activity- specific program including advanced conditioning 	
Other	 Heat before and/or ice after PT sessions as needed Modalities as needed to reduce swelling and for muscle re-education Home Exercise Program (HEP) per discretion of Physical Therapist 		
Goals	Advance ROMAdvance strengtheningAdvance home exercise program	 Progress to pain-free sport-specific or activity-specific program Full ROM 	

Other Sport-Specific Restrictions

- May return to throwing 4.5 months (18 weeks) after surgery
- May begin push-ups at 4.5 6 months (18-24 weeks)
- May return to pitching from a mound 6 months (24 weeks) after surgery
- May return to contact sports 6-9 months after surgery