Standard Posterior Shoulder Stabilization Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following standard posterior shoulder stabilization. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-4	• **Protect surgical site and repair** • Decrease pain and inflammation • PRICE principles • Minimize muscle atrophy • Maintain elbow, wrist and hand function	• **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	**General guidelines** • 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: 5-7 times per day **Initial visit** • FOTO, QuickDASH **Week 2** • May initiate cardiovascular exercise (bike) beginning week 2
Weeks 4-16	• **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	• IR limited until week 6 • 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**	**General guidelines** • Modalities as needed **Week 4** • PROM-AAROM-AROM of shoulder ER, flexion, & abduction as tolerated • **Avoid compensation** **Week 6** • Initiate IR/ER isometrics in neutral • **No limits with ROM (all planes) 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)** • May begin jogging/running • FOTO, QuickDASH
Weeks 16-20 (Months 4-5)	• **Maintain integrity of repair** • Progress RTC exercises	• **Do not force motion** • **Avoid RTC pain with strengthening**	**General guidelines** • **No compensations during exercise performance** • Modalities as needed

Phase	Goals	Precautions / Restrictions	Treatment
	● Progress scapular stabilizer strengthening ● Full AROM compared bilaterally without compensation		**Week 16** ● Functional testing including HHD for IR/ER/Flexion and UE Y-balance ● FOTO, QuickDASH

Weeks 20+ (Months 5+)	● 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
		● 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**
			General guidelines
			● Low level sport specific activity, progressing to higher demand activity
			● Continue with Anaerobic and aerobic interval training
			● Continue with core stability per tolerance
			  ● 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