

POSTERIOR SHOULDER STABILIZATION REHABILITATION PROTOCOL

Phase I Weeks 0-4:

- Sling in neutral rotation for 4 weeks with padded abduction sling **WORN AT THE SIDE**
 - May increase to six weeks depending on size of repair
- RTC isometrics in sling
- Elbow, wrist and hand ROM
- Grip strengthening

Phase II Weeks 4-6:

- Wean out of sling at week 4 (or 6). Consider use in public for 2 additional weeks.
- Progress passive and active assisted ROM. Begin active ROM as strength and pain allows
 - Restrict motion to 90° FF, IR to stomach, ER with arm at side as tolerated
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev scap/etc)
- No **CROSS-ARM ADDUCTION**, follow ROM restrictions

Phase III Weeks 6-12:

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Once 140° active FF, advance strengthening as tolerated: isometrics → therabands → light weights (1-5 lbs); 8-12 reps, 2-3 sets for rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3 times a week to avoid rotator cuff tendonitis
- Avoid stress to posterior capsule

Phase IV Months 3-12:

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade) and closed chain exercises
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Push-up progression at 4 ½ - 6 months
- Throw from pitcher's mound at 6 months
- Return to collision sport on MD approval