POSTERIOR SHOULDER STABILIZATION CLINICAL PRACTICE GUIDELINE



Rehabilitation Precautions

- Strict sling use for 6 weeks after procedure, proper use with shoulder in neutral rotation, not across belly.
- Sling removal for exercises, hygiene, dressing and elbow support activities such as writing or typing.
- Avoid any positions of horizontal adduction or internal rotation so as to not stress posterior capsule and labrum.
- Neither horizontal adduction nor internal rotation stretches until 10-12 weeks.
- Avoid any weight bearing thru the involved UE for 10-12 weeks.
- Isotonic strengthening at 8 weeks.
- Progression is time and criterion-based, dependent on soft tissue healing, patient demographics, and clinician evaluation

Phase I: Weeks 0-6

ROM	 Education in performance of pendulums. Initiate PROM ER in neutral in supine. Initiate wand ER in supine. Limit wand supine FE to 90° for first 4 weeks Progress wand supine FE to 120° at weeks 4-6
Strength	No isometric or isotonic strengthening
Goals to Progress	 Proper sling use Pain controlled Physician clearance for sling discharge at 6 weeks

Phase II: Weeks 7-10

ROM	 Progress FE 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
Strength	 Neuromuscular re-education for RC and Scapular Stabilizers Rhythmic Stabilization in non provocative positions (90° FE, 120° FE and ER) Scapular PNF with manual resistance Initiate dynamic isometrics with band 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 traps

Goals to Progress	 Functional AROM without upper trap No increased pain or soreness with initial isotonic exercises.
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Phase III: Weeks 10-12

ROM	 Continue terminal PROM stretches in all directions except horizontal adduction and internal rotation Initiate gentle stretching into horizontal adduction and internal rotation
Strength	 Continue progression of Neuromuscular re-education for RC and Scapular stabilizers Progress ER and IR strengthening to 45° of abduction. Initiate band/weight strengthening into FE and Abduction
Goals to Progress	 Full AROM and PROM Normalized arthrokinematics with daily activities

Phase IV: Weeks 12-17

ROM	Initiate inferior GH mobilizations to improve abduction if appropriate
Strength	 Initiate gentle CKC UE weightbearing exercises on wall Initiate Throwers 10 program (T, Y, Extensions, Row) Progress all endurance and neuromuscular exercises Initiate PNF diagonals with band and manual resistance Initiate Plyometric medicine ball program
Goals to Progress	 No increased pain or compensations with addition of horizontal adduction and internal rotation stretches.

Phase V: Weeks 18+

ROM	Initiate inferior GH mobilizations to improve abduction if appropriate
Strength	 Initiate gentle CKC UE weightbearing exercises on wall Initiate Throwers 10 program (T, Y, Extensions, Row) Progress all endurance and neuromuscular exercises Initiate PNF diagonals with band and manual resistance Initiate Plyometric medicine ball program
Goals to Progress	 No increased pain or compensations with addition of horizontal adduction and internal rotation stretches.

ROM	 PROM as needed Progress all terminal stretches if needed
Strength	 Initiate prone CKC UE weightbearing exercises Initiate supine bench press and military press Initiate lat pull down 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 specific to sport. Initiate throwing program or gradual return to sport if appropriate.
Goals to Progress to Sport	 Physician clearance at 6 month check up for contact sports

References

- Andrews JR, Harrelson G, Wilk KE; Physical Rehabilitation of the Injured Athlete, 3rd Ed. Philadelphia, PA, Saunders, 2004.
- Eckenrode BJ, Logerstedt DS, Sennett BJ. Rehabilitation and Functional Outcomes in Collegiate Wrestelers Following Posterior Shoulder Stabilization Procedure. JOSPT, July 2009.