

POSTERIOR SHOULDER STABILIZATION CLINICAL PRACTICE GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

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 weightbearing 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• No isometric or isotonic strengthening
Goals to Progress to Next Phase	<ol style="list-style-type: none">1. Proper sling use2. Pain controlled3. Physician clearance for sling discharge at 6 weeks

Phase II: Weeks 7-10

ROM	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Neuromuscular re-education for RC and Scapular Stabilizers <ul style="list-style-type: none"> 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 to Next Phase	<ol style="list-style-type: none"> Functional AROM without upper trap compensation or pain. No increased pain or soreness with initial isotonic exercises.

Phase III: Weeks 10-12

ROM	<ul style="list-style-type: none"> Continue terminal PROM stretches in all directions except horizontal adduction and internal rotation Initiate gentle stretching into horizontal adduction and internal rotation
Strength	<ul style="list-style-type: none"> Continue progression of Neuromuscular re-education for RC and Scapular Stabilizers Progress ER and IR strengthening to 45° of abduction. <p>Initiate band/weight strengthening into FE and Abduction</p>
Goals to Progress to Next Phase	<ol style="list-style-type: none"> Full AROM and PROM Normalized arthrokinematics with daily activities

Phase IV: Weeks 12-17

ROM	<ul style="list-style-type: none"> Initiate inferior GH mobilizations to improve abduction if appropriate.
Strength	<ul style="list-style-type: none"> 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 to Return to Next Phase	<ol style="list-style-type: none"> No increased pain or compensations with addition of horizontal adduction and internal rotation stretches.

Phase V: Weeks 18+

ROM	<ul style="list-style-type: none">• PROM as needed• Progress all terminal stretches if needed
Strength	<ul style="list-style-type: none">• 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	<ol style="list-style-type: none">1. 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 Wrestlers Following Posterior Shoulder Stabilization Procedure. JOSPT, July 2009.

