

Posterior Shoulder Instability

Surgical Repair

Rehabilitation Protocol

Dr. Mark Adickes



Introduction:

- This rehabilitation protocol has been developed for the patient following an arthroscopic posterior stabilization procedure. This procedure is performed due to extreme laxity in the posterior capsule requiring surgical intervention to shrink the area. Following a posterior stabilization procedure, the patient should avoid placing stress on the posterior joint capsule. That being said, early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.

Goals of rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy is to begin post-op week #1. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program.

Important post-op signs to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity:

- It requires both time and regular clinic evaluation to safely and efficiently return to functional activity.
- Adequate strength, flexibility, and endurance are all necessary to return to high level function, all of which are addressed in this program.
- Functional evaluation including strength and range of motion testing are required to assess a patient's readiness to return to sport.
- Return to intense activities following an arthroscopic posterior stabilization procedure requires both a strenuous strengthening and range of motion program along with a period of time to

allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

• **Dr. Mark Adickes**

Phase 1: Week 1-3

Roger Clemens Institute
for Sports Medicine
& Human Performance

MEMORIAL
HERMANN

Range of Motion:

- Passive to AAROM-in scapular plane
 - Internal rotation
 - External rotation
- Passive to AAROM
 - Flexion/Elevation
- Pendulum exercises
- Scapular ROM is critical
- Wand exercises-all planes within limitations
- Rope/Pulley (flex, scaption)
- Active elbow flexion/extension
- Manual stretching and Grade I-II joint mobs

Strength:

- Initiate submaximal/pain free isometrics-all planes
- Periscapular muscle strengthening and coordination critical
- Grip strengthening with putty or ball

Brace:

- Brace for 3 weeks or as noted by Dr. Adickes
- Brace removed to perform exercises above

Modalities:

- E-stim as needed
- Ice 15-20 minutes

Goals for Phase 1:

- Promote healing of tissue
- Gradual increase in ROM
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

Phase 2: Week 3-6

Range of Motion:

- Continue with ROM activities from previous phase
- **NO LIMITATIONS** on IR-avoid extreme end range IR or adduction
- Wand exercises-all planes
- Rope/Pulley (flex, abd, scaption)
- Manual stretching and Grade II-III joint mobs

Strength:

- Initiate UBE for warm-up activity
- Initiate IR/ER at neutral with tubing
 - Perform IR from full ER to neutral
 - Perform ER from neutral to full ER
- Initiate forward flexion, scaption, empty can
- Periscapular muscle strengthening and coordination critical
- Prone horizontal abduction-limit to 45° of horizontal ADD
- Sidelying ER
- Bicep and tricep strengthening
- Initiate scapular stabilizer strengthening
- Rhythmic stabilization in PNF patterns

Brace:

- Discharge brace at week 3

Modalities:

- Ice 15-20 minutes

Goals for Phase 2:

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics

Dr. Mark Adickes

Roger Clemens Institute
for Sports Medicine
& Human Performance

MEMORIAL
HERMANN

Phase 3: Week 6-16

Range of Motion:

- Continue all ROM activities from previous phases
- Posterior capsule stretch
- Towel internal rotation stretch
- Manual stretching and Grade II-III joint mobs to reach goal

Strength:

- Continue all strengthening from previous phases increasing resistance and repetitions
- UBE for strength and endurance
- Periscapular muscle strengthening and coordination critical
- Initiate isokinetic IR/ER at 45° abduction at high speeds
- Progress push-up from wall, to table, to floor
- Initiate ER with 90° abduction with tubing
- Progress overhead plyotoss for dynamic stabilization
- Progress rhythmic stabilization throughout range of motion
- Initiate lat pulldowns, military press, and bench press
- Progress PNF to high speed work
- Initiate plyoball figure 8 stabilizations

Modalities:

- Ice 15-20 minutes

Goals for Phase 3:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics

Dr. Mark Adickes

Roger Clemens Institute
for Sports Medicine
& Human Performance

MEMORIAL
HERMANN

Phase 4: Week 16-24

Range of Motion:

- Continue all ROM activities from previous phases
- Posterior capsule stretch
- Towel internal rotation stretch
- Grade III-IV joint mobs as needed to reach goal

Strength:

- Continue with all strengthening exercises from previous phases increasing weight and repetitions
- Continue total body work out for overall strength
- Plyometric push-ups with platform
- Initiate light plyometric program
- Initiate and progress sport specific and functional drills
- Initiate interval throwing program

Modalities:

- Ice 15-20 minutes as needed

Goals for Phase 4:

- Return to activity upper extremity strength and endurance
- Return to activity neuromuscular control and arthrokinematics
- Return to sports specific training/functional training