



Standard Posterior Shoulder Stabilization Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 4	<ul style="list-style-type: none"> • Protect surgical site and repair • Decrease pain and inflammation • PRICE principles • Minimize muscle atrophy • Maintain elbow, wrist and hand function 	<ul style="list-style-type: none"> • 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 • IR limited weeks 0 - 6 	<ul style="list-style-type: none"> • Shoulder arm hang exercises • AAROM to AROM of elbow, wrist and hand with arm in plane of body • Scapular retraction isometrics w/ immobilizer • Core activation with immobilizer on • Cryotherapy: 5-7 times per day • May initiate cardiovascular exercise (bike) beginning week 2 • Initial visit: FOTO, QuickDASH
Weeks 4 – 16	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Week 4: PROM-AAROM-AROM of shoulder ER/IR, flexion, & abduction shoulder flexion / scapular plane / abduction as tolerated <ul style="list-style-type: none"> ○ Avoid compensation • Week 6: <ul style="list-style-type: none"> ○ Initiate IR / ER isometrics in neutral ○ No limits with ROM and scapular stabilizer strengthening • Week 8: Progress strength of scapular stabilizers, RTC, forearm and core • Week 10: May initiate mobilization if needed • Week 12: <ul style="list-style-type: none"> ○ Initiation of plyometric exercise ○ May begin jogging/running ○ FOTO, QuickDASH
Weeks 16 – 20 (Months 4 – 5)	<ul style="list-style-type: none"> • Maintain integrity of repair • Progress RTC exercises • Progress scapular stabilizer strengthening • Full AROM compared bilaterally without compensation 	<ul style="list-style-type: none"> • Do not force motion • Avoid RTC pain with strengthening 	<ul style="list-style-type: none"> • Week 16: Functional testing including HHD for IR/ER/Flexion and UE Y-balance • Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises provided: <ul style="list-style-type: none"> ○ No compensations during exercise performance • Week 16: FOTO, QuickDASH
Weeks 20 + (Months 5+)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Low level sport specific activity, progressing to higher demand activity • Continue with Anaerobic and aerobic interval training • Continue with core stability per tolerance <ul style="list-style-type: none"> ○ Multiple planes ○ Stability in all 3 planes of motion ○ Sport specific movements • Plyometric activities progressing from simple to complex, less load to more load • Week 24: FOTO, QuickDASH

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

