



Posterior Stabilization Post-Operative Protocol

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Phase I : Weeks 0-6:

Goals: Maximally protect the surgical repair. Achieved staged ROM limits but do not significantly exceed them. Patient education regarding post-op restrictions. Minimize shoulder pain and inflammatory response. Ensure adequate scapular function.

Patient Education:

- Discuss precautions specific to the nature of the surgical repair
- Importance of not significantly exceeding staged ROM limits
- Importance of tissue healing
- Proper sling use (assure sling provides upward support to the glenohumeral joint) 4-6 weeks as directed by surgeon
- Limiting use of arm for ADLs

Immobilization (sling):

- Absolute immobilization (no glenohumeral ROM exercises and constant sling use) for a variable time of 0-2/3 weeks, **based on patient-specific factors and surgeon recommendation.**
- If sent to therapy during this period of immobilization with sling, goal of therapy is to monitor ROM to make sure patient does not get stiff. Minimal visits required. If insurance limits please contact physician for their recommendation.
- Relative immobilization up to 6 weeks (out of sling for ROM exercises, sitting with the arm supported, and standing for short periods), starting after the period of absolute immobilization and continuing for the remainder of phase I, followed by sling use for comfort.

Range of Motion (after period of absolute immobilization):

Limits:	POW 4	POW 6
Passive Forward elevation:	90°;	120° - 140°
Passive Abduction		90°
Passive Ext Rot at 30 - 45° ABD	25° -30°	to tolerance
Passive Int Rot at 30 - 45° ABD	20°	to stomach

If the targeted ROM is easily obtained, then stretching in the directions in which the target motions have already been met should be avoided to prevent overstressing the healing tissues.

If ROM is significantly reduced contact physician before considering PROM/Stretching

Exercises to begin at a minimum 3 weeks post-op unless otherwise directed by surgeon: AAROM within ROM limits: Pendulums, table wash (don't push into table), pulleys, cane, AROM of uninvolved joints. Isometrics painfree in neutral (flex/ext, Abd, IR/ER).

Reminders: NO Passive ROM/stretching for 6 weeks. ROM should not be forceful. Avoid for 10 weeks – Hand Behind Back maneuver: (Glenohumeral Adduction, Internal rotation, Horizontal Adduction), Posterior glide activities, reaching to opposite shoulder

Milestones (Testing Criteria) to Progress to Phase II

- Appropriate healing of the surgical repair by strictly adhering to the precautions and immobilization guidelines
- Staged ROM limits achieved but not exceeded
- Minimal to no pain (0-2/10) with AROM/AAROM

Phase II : Weeks 7-12:

Goals: Achieve staged ROM goals to normalize passive ROM and active ROM. Minimize shoulder pain. Begin to increase strength and endurance. Increase functional activities

Range of Motion Goals:	POW 10	POW 12-16
Passive Forward Elevation	160	WNL
Passive Ext Rot at 90° ABD	to tolerance	WNL
Passive IR	to stomach	WNL
Active Forward Elevation	150-180	WNL

Reminders: Avoid for 10 weeks – Hand Behind Back Manuever (Glenohumeral Adduction, Internal rotation, Horizontal Adduction), Posterior glide activities, reaching to opposite shoulder

Limit progression if compensatory movements are present. Passive/AAROM as needed to achieve staged ROM goals in all planes. Many times only light stretching or no stretching is needed. Gentle joint mobilizations only if ROM is significantly less than staged goals.

Strength:

Goals: Increase strength, Improve scapular stabilization, No compensatory movements

Exercises to add weeks 7-9: Initiate AROM, AAROM as previous (if needed), light PREs, UBE, wall washes, Prone clocks, Increase sidelying PRE's, Theraband flexion, extension, int. rot and ext rot, Elbow PRE's, Serratus punches, Core strengthening, wall push-ups, bodyblade

Exercises to add weeks 10-12: Increase weights as tolerated, progress overhead PREs, Theraband flexion, abduction, PNF, plyometric strength training: double arm plyometrics (i.e.chest pass), initiate full WB with bilateral upper extremities, progress IR/ER in 45-50° of Abduction

Milestones (Testing Criteria) to Progress to Phase III

- Staged ROM goals achieved with minimal to no pain (0-2/10) and without substitution patterns.
- Appropriate scapular positioning at rest and dynamic scapular control during ROM and strengthening exercises.
- Strengthening activities completed with minimal to no pain (0-2/10).

Phase III (Strength Training): Weeks 12-24:

Goals: Normalize strength, endurance, neuromuscular control, and power. Gradual return to full ADLs, work, and recreational activities.

Range of Motion:

Goals: full painfree ROM, No compensatory movements

Exercises: Passive ROM, stretching and joint mobilizations as needed to address any remaining deficits.,

Strength:

Goals: Increase strength; begin 90°/90° strengthening, no compensatory movements. Increase emphasis on high speed multiplanar activities that incorporate the entire kinetic chain.

Exercises to add:

Initiate single arm plyometrics, Full weight bearing activity single arm, IR/ER in 90°/90 position, Thrower's 10 program, functional and overhead strengthening, initiate sport-specific drills

Initiate sports specific activities and Return to Throwing Program for Overhead and Throwing Athletes 16-20 Weeks:

Must be pain-free, normal ROM, normal scapulohumeral rhythm, Rotator Cuff and scapular muscle strength 4+/5 or greater. *See age specific throwing progression guidelines on the Rehab Services intranet site.*

Phase IV(Discharge Criteria): Weeks 16-24:

Discharge criteria - ROM and Strength per functional demand of individual patient