Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Shoulder Posterior Stabilization
Post-Operative Protocol

Phase I- Maximum Protection
Weeks 0 to 2:

- Wear Ultrasling at all times
- No GHJ range of motion for 2 weeks

  Goals
  - Reduce pain and inflammation
  - Postural education

  Exercise progression
  - No GHJ ROM x 2 weeks
  - Cervical ROM and basic deep neck flexor activation (chin tucks)
  - Hand and wrist AROM
  - Elbow AROM
  - Active shoulder retraction
  - Encourage walks and low intensity cardiovascular exercise to promote healing

Phase II- Passive/Active Assisted Range of Motion
Weeks 2 to 4:

- Wear Ultrasling at all times
- Initiate PROM and AAROM at shoulder
- Initiate submaximal isometrics directed by therapist

  Goals
  - Postural education with cervical spine and neutral scapular positioning
  - Shoulder flexion to 90 degrees by week 4
  - Shoulder scaption to 90 degrees by week 4
  - Shoulder external rotation progress as tolerated

  Manual therapy
  - Graded glenohumeral and scapulothoracic mobilizations
  - Scar tissue mobilization when incisions are healed
  - STM to shoulder and cervicothoracic complex
  - Gentle sub-maximal therapist directed isometrics to achieve range of motion goals
  - Limit aggressive posterior glenohumeral mobilizations

  Exercise progression
  - Supine and upright AAROM using cane, T-bar, pulleys, etc.
  - DNF and proper postural positioning with shoulder retraction
  - Low to moderate intensity cardiovascular work

Phase III- Active Range of Motion
Weeks 4 to 6:

- Discontinue sling at 4 weeks
- Continue PROM and AAROM at shoulder
- Initiate AROM at shoulder

  Goals
  - Shoulder flexion progress to full
  - Shoulder scaption progress to full
  - Shoulder internal rotation to 30 degrees at neutral and 90 degrees abduction

Manual therapy
- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex
- Gentle contract-relax and hold-relax to gain range of motion while respecting repaired tissue
- Manual perturbations in supine with arm at 90 degrees flexion and ER/IR at neutral
- Limit aggressive posterior glenohumeral mobilizations

Exercise progression
- Open chain serratus activation
- Prone scapular series less than 90 degrees (rows and I's)
- External rotation against gravity (no resistance)
- Pain-free sub-max 6 direction rotator cuff isometrics
- Low to moderate intensity cardiovascular work

Phase IV- Progressing Range of Motion and Strengthening
Weeks 6 to 12:
- Progress to full PROM and AROM
- Initiate internal rotation behind back
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Initiate strengthening phase with resistance

Goals
- Full PROM by week 10
- Full AROM by week 12

Manual therapy
- PROM and mobilizations to achieve full flexion and internal rotation
- Manual perturbations
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening- bilateral progressing to unilateral/tripod position

Exercise progression
- Initiate UE bike
- Initiate biceps strengthening at 6 weeks
- Progress serratus punches and prone series by adding resistance as tolerated
- Initiate resisted rotator cuff strengthening
- Progress PNF patterns to standing with protected end range of 90/90
- Initiate closed kinetic chain progression with ½ to ¾ range of motion protecting anterior shoulder capsule
- Initiate sleeper stretch and functional IR reach stretching at 6 weeks
- Able to progress to elliptical for cardiovascular health at 6 weeks
- Able to progress to running at 8 to 12 weeks per tolerance

Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Phase V- Advanced Strengthening and Plyometric Drills

Weeks 12 to 24:

- Full ROM with protection at end range 90/90
- Follow up examination with physician at 6 months for release to full activity
- Initiate plyometric drills

  Goals
  - Full range of motion with protection at end range 90/90
  - Advance gym strengthening program
  - Initiate sport specific exercises at 12 weeks
  - Initiate interval throwing program for athletes at 18-20 weeks

  Manual therapy
  - STM and joint mobilization to glenohumeral, scapulothoracic and cervicothoracic as needed
  - Manual perturbations
  - PNF patterns

  Exercise progression
  - Full ROM in all planes with protected end range 90/90
  - Progress rotator cuff and scapular strengthening program
  - Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises
  - Initiate plyometric and rebounder drills

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval program

Anticipated return to sports:

- 6 months for contact athlete
- 9 months for throwing athlete, swimmer, or volleyball player

Revised 2/2020