THE ORTHOPEDIC CENTER OF ST. LOUIS
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JOINT RECONSTRUCTION & SPORTS MEDICINE

POSTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following an arthroscopic posterior labral repair surgical procedure. This procedure is normally the result of extreme laxity in the posterior capsule requiring surgical intervention to shrink the area. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following a posterior labral repair, the patient should avoid placing stress on the posterior joint capsule.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and 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 should be initiated within the first week following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- 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 requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic posterior labral repair 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.

Phase 1: Week 1-3

WEEK	EXERCISE	GOAL
1-3	ROM	Gradual ↑
	Passive to AAROM-in scapular plane	
	Internal rotation	0-30° wk 3
	External rotation	as tolerated
	Passive to AAROM	
	Flexion/Elevation	as tolerated
	Pendulum exercises	
	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	
	Grip strengthening with putty or ball	
	BRACE	
	Brace for 3 weeks or as noted by Dr. Grimshaw	
	Brace removed to perform exercises above	
	MODALITIES	
	E-stim as needed	
	Ice 15-20 minutes	

GOALS OF PHASE:

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

Phase 2: Week 3-6

WEEK	EXERCISE	GOAL
3-6	ROM	Full ROM
	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	
	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	D/C wk 3
	Discharge brace at week 3	
	MODALITIES	
	Ice 15-20 minutes	

GOALS OF PHASE:

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

Phase 3: Week 6-16

WEEK	EXERCISE
6-16	ROM
	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
	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 OF PHASE:

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

Phase 4: Week 16-24

WEEK	EXERCISE
16-24	ROM
	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 OF PHASE:

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