

POSTERIOR SHOULDER INSTABILITY **SURGICAL REPAIR PROTOCOL** **Dr. David R. Guelich**

This rehabilitation protocol has been developed for the patient following an arthroscopic posterior capsular-labral reconstruction (PCLR) 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 an PCLR, 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 PCLR 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. David R. Guelich
Phase 1: Week 1-3
Posterior Stabilization Protocol

WEEK	EXERCISE	GOAL
1-3	<p>ROM</p> <p>Passive to AAROM-in scapular plane</p> <p> Internal rotation</p> <p> External rotation</p> <p>Passive to AAROM</p> <p> Flexion/Elevation</p> <p>Pendulum exercises</p> <p>Wand exercises-all planes within limitations</p> <p>Rope/Pulley (flex, scaption)</p> <p>Active elbow flexion/extension</p> <p>Manual stretching and Grade I-II joint mobs</p> <p>STRENGTH</p> <p> Initiate submaximal/pain free isometrics-all planes</p> <p> Grip strengthening with putty or ball</p> <p>BRACE</p> <p> Brace for 3 weeks or as noted by Dr. Guelich</p> <p> Brace removed to perform exercises above</p> <p>MODALITIES</p> <p> E-stim as needed</p> <p> Ice 15-20 minutes</p>	<p>Gradual ↑</p> <p>0-30° wk 3 as tolerated</p> <p>as tolerated</p>

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
Posterior Stabilization Protocol

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

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
Posterior Stabilization Protocol

WEEK
6-16

EXERCISE

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
Posterior Stabilization Protocol

WEEK
16-24

EXERCISE

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