

**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**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
1-3	ROM Passive to AAROM-in scapular plane Internal rotation External rotation Passive to AAROM Flexion/Elevation 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. Guelich Brace removed to perform exercises above MODALITIES E-stim as needed Ice 15-20 minutes	Gradual ↑  0-30° wk 3 as tolerated  as tolerated

**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

<b>WEEK</b>		<b>EXERCISE</b>	<b>GOAL</b>
3-6	ROM	<p>Continue with ROM activities from previous phase</p> <p><b>NO LIMITATIONS</b> on IR-avoid extreme end range IR or adduction</p> <p>Wand exercises-all planes</p> <p>Rope/Pulley (flex, abd, scaption)</p> <p>Manual stretching and Grade II-III joint mobs</p>	Full ROM
	STRENGTH	<p>Initiate UBE for warm-up activity</p> <p>Initiate IR/ER at neutral with tubing</p> <p style="padding-left: 40px;">Perform IR from full ER to neutral</p> <p style="padding-left: 40px;">Perform ER from neutral to full ER</p> <p>Initiate forward flexion, scaption, empty can</p> <p>Prone horizontal abduction-limit to 45° of horizontal ADD</p> <p>Sidelying ER</p> <p>Bicep and tricep strengthening</p> <p>Initiate scapular stabilizer strengthening</p> <p>Rhythmic stabilization in PNF patterns</p>	
	BRACE	<p>Discharge brace at week 3</p>	D/C wk 3
	MODALITIES	<p>Ice 15-20 minutes</p>	

### **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