

## Rehabilitation Protocol: Arthroscopic Posterior Shoulder Stabilization

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

### Phase I (Weeks 0-6)

- Sling immobilization at all times (**in flexion, abduction and 0° of rotation**) except for showering and rehab under guidance of PT
- Range of Motion - **None for Weeks 0-3**
  - **Weeks 3-6:** Begin passive ROM - Restrict motion to 90° of Forward Flexion, 90° of Abduction, and 45° of Internal Rotation
- Therapeutic Exercise
  - Elbow/Wrist/Hand Range of Motion
  - Grip Strengthening
  - **Starting Week 3:** Begin passive ROM activities: Codman's, Anterior Capsule Mobilization
- Heat/Ice before and after PT sessions

### Phase II (Weeks 6-12)

- Sling immobilization for comfort only
- Range of Motion - Begin AAROM/AROM
  - Goals: 135° of Forward Flexion, 120° of Abduction, Full External Rotation
- Therapeutic Exercise
  - Continue with Phase I exercises
  - Begin active-assisted exercises - Deltoid/Rotator Cuff Isometrics
  - **Starting Week 8:** Begin resistive exercises for Rotator Cuff/Scapular Stabilizers/Biceps and Triceps (keep all strengthening exercises below the horizontal plane during this phase - utilize exercise arcs that protect the posterior capsule from stress)
- Modalities per PT discretion

### Phase III (Weeks 12-16)

- Range of Motion - Progress to full AROM without discomfort
- Therapeutic Exercise - Advance Phase II exercises
  - Emphasize Glenohumeral Stabilization, External Rotation and Latissimus eccentrics
  - Begin UE ergometer/endurance activities
- Modalities per PT discretion

### Phase IV (Months 4-6)

- Range of Motion - Full without discomfort
- Therapeutic Exercise - Continue with strengthening
  - Sport/Work specific rehabilitation - Plyometric and Throwing/Racquet Program
  - Continue with endurance activities
  - Return to sports at 6 months if approved
- Modalities per PT discretion



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**Comments:**

**Frequency:** \_\_\_\_\_ **times per week**

**Duration:** \_\_\_\_\_ **weeks**

**Signature:** \_\_\_\_\_  
\_\_\_\_\_

**Date:**