## **GOLDEN STATE ORTHOPEDICS & SPINE**

Rehabilitation Protocol: Arthroscopic Posterior Shoulder Stabilization

Na	ame: Date:
Di	agnosis: Date of Surgery:
	<ul> <li>Phase I (Weeks 0-6)</li> <li>Sling immobilization at all times (in flexion, abduction and 0° of rotation) except for showering and rehab under guidance of PT</li> <li>Range of Motion – None for Weeks 0-3 <ul> <li>Weeks 3-6: Begin passive ROM - Restrict motion to 90° of Forward Flexion, 90° of Abduction, and 45° of Internal Rotation</li> </ul> </li> <li>Therapeutic Exercise <ul> <li>Elbow/Wrist/Hand Range of Motion</li> <li>Grip Strengthening</li> <li>Starting Week 3: Begin passive ROM activities: Codman's, Anterior Capsule Mobilization</li> </ul> </li> <li>Heat/Ice before and after PT sessions</li> <li>Phase II (Weeks 6-12)</li> <li>Sling immobilization for comfort only</li> <li>Range of Motion – Begin AAROM/AROM <ul> <li>Goals: 135° of Forward Flexion, 120° of Abduction, Full External Rotation</li> </ul> </li> <li>Therapeutic Exercise <ul> <li>Continue with Phase I exercises</li> <li>Begin active-assisted exercises – Deltoid/Rotator Cuff Isometrics</li> <li>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)</li> </ul> </li> <li>Modalities per PT discretion</li> </ul>
	<ul> <li>Phase III (Weeks 12-16)</li> <li>Range of Motion – Progress to full AROM without discomfort</li> <li>Therapeutic Exercise – Advance Phase II exercises <ul> <li>Emphasize Glenohumeral Stabilization, External Rotation and Latissimus eccentrics</li> <li>Begin UE ergometer/endurance activities</li> </ul> </li> <li>Modalities per PT discretion </li> </ul>
	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
    - $\circ$   $\;$  Return to sports at 6 months if approved
- Modalities per PT discretion

## **Comments:**

Frequency: ti	mes per week
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Duration: \_\_\_\_\_ weeks

Signature:	
Julana	

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

## DR CHARLES PRESTON REHABILITATION PROTOCOLS