



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

Comments:

Frequency: _____ times per week

Duration: _____ weeks



Hospital for Joint Diseases

NYU LANGONE MEDICAL CENTER

Laith M. Jazrawi, MD

Associate Professor of Orthopaedics

Chief - Division of Sports Medicine

Tel: (212) 598-6784

Signature: _____

Date: _____