

Inland Orthopaedic Surgery & Sports Medicine

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Posterior Shoulder Stabilization Protocol

(Adapted from various sources)

Phase 1: Weeks 0-4

Restrictions

- No shoulder motion above 30° flexion

Immobilization

- Use of orthosis for 6 weeks

Pain Control

- Reduction of pain and discomfort is essential for recovery.
 - Medications
 - Narcotics – for 7-10 days following surgery.
 - NSAIDs – for patients with persistent discomfort following surgery.
 - Therapeutic modalities
 - Ice, ultrasound, HVGS.
 - Moist heat before therapy, ice at end of session.

Motion: Shoulder

- 0-30° flexion.

Motion: Elbow

- Passive - progress to active.
 - 0-130° of flexion.
 - Pronation and supination as tolerated.

Muscle Strengthening

- Grip strengthening only.

- Therapeutic modalities
 - Ice, ultrasound, HVGS.
 - Moist heat before therapy, ice at end of session.

Shoulder Motion: Active Range of Motion Only

Goals

- Forward flexion 120°.
- Abduction 45°.
- External rotation as tolerated.
- Internal rotation and adduction to stomach.

Exercises

- Active ROM only.

Muscle Strengthening

- Rotator cuff strengthening.
- Closed-chain isometric strengthening with the elbow flexed to 90° and the arm at the side.
 - Forward flexion (with thumbs up).
 - External rotation.
 - Internal rotation.
 - Abduction.
 - Adduction.
- Strengthening of scapular stabilizers
 - Closed-chain strengthening exercises.
 - Scapular retraction (rhomboides, middle trapezius).
 - Scapular protraction (serratus anterior).
 - Scapular depression (latissimus dorsi, trapezius, serratus anterior).
 - Shoulder shrugs (trapezius, levator scapulae).

Phase 2: Weeks 4-8

Criteria for Progression to Phase 2

- Adequate immobilization

Restrictions

- **Shoulder motion: active ROM only**
 - Forward flexion 120°, emphasis on thumbs up.
 - Abduction 45°.
 - External rotation as tolerated.
 - Internal rotation and adduction to stomach.
- Avoid provocative maneuvers that re-create position of instability.
 - Avoid excessive internal rotation.

Immobilization

- Orthosis brace

Pain Control

- Medications
 - NSAIDs – for patients with persistent discomfort.

Phase 3: Weeks 8-12

Criteria for Progression to Phase 3

- Minimal pain and discomfort with active ROM and closed-chain strengthening exercises.
- No sensation or findings of instability with above exercises.

Restrictions

- Shoulder motion: active and active-assisted motion exercises
 - 160° of forward flexion (emphasis on thumbs up).
 - Full external rotation.
 - 70° of abduction.
 - Internal rotation and adduction to stomach.

Pain Control

- Medications
 - NSAIDs – for patients with persistent discomfort.
- Therapeutic modalities
 - Ice, ultrasound, HVGS.
 - Moist heat before therapy, ice at end of session.

Motion: Shoulder

Goals

- 160° of forward flexion.
- Full external rotation.
- 70° of abduction.
- Internal rotation and adduction to stomach.

Exercises

- Active ROM exercises.
- Active-assisted ROM exercises.

Muscle Strengthening

- Rotator cuff strengthening – three times per week, 8-12 repetitions for three sets
 - Continue with closed-chain isometric strengthening.
 - Progress to open-chain strengthening with Therabands.
 - Exercises performed with the elbow flexed to 90°.
 - Starting position is with the shoulder in the neutral position of 0° of forward flexion, abduction, and external rotation.
 - Exercises are performed through an arc of 45° in each of the five planes of motion.
 - Six color-coded bands are available; each provides increasing resistance from 1 to 6 pounds at increments of 1 pound.
 - Progression to the next band occurs usually in 2-3 wk intervals. Patients are instructed not to progress to the next band if there is any discomfort at the present level.
 - Theraband exercises permit concentric and eccentric strengthening of the shoulder muscles and are a form of isotonic exercises (characterized by variable speed and fixed resistance)
 - Internal rotation.
 - External rotation.
 - Abduction.
 - Forward flexion.
 - Progress to light isotonic dumbbell exercises
 - Internal rotation,
 - External rotation.
 - Abduction.
 - Forward flexion.
 - Strengthening of scapular stabilizers
 - Continue with closed-chain strengthening exercises.
 - Advance to open-chain isotonic strengthening exercises.

Phase 4: Months 3-6

Criteria for Progression to Phase 4

- Minimal pain or discomfort with active ROM and muscle strengthening exercises.
- Improvement in strengthening of rotator cuff and scapular stabilizers.
- Satisfactory physical examination.

Goals

- Improve shoulder strength, power, and endurance.
- Improve neuromuscular control and shoulder proprioception.
- Restore full shoulder motion.
- Establish a home exercise maintenance program that is performed at least three times per week for both stretching and strengthening.

Pain Control

- Medications
 - NSAIDs - for patients with persistent discomfort.
 - Subacromial injection: corticosteroid/local anesthetic combination for patients with findings consistent with secondary impingement.
 - GH joint: corticosteroid/local anesthetic combination for patients whose clinical findings are consistent with GH joint pathology.
- Therapeutic modalities
 - Ice, ultrasound, HVGS.
 - Moist heat before therapy, ice at end of session.

Motion: Shoulder

Goals

- Obtain motion that is equal to contralateral side.
- Active ROM exercises.
- Active-assisted ROM exercises.
- Passive ROM exercises.
- Capsular stretching (especially posterior capsule).

Muscle Strengthening

- Rotator cuff and scapular stabilizers strengthening as outlined above
 - Three times per week, 8-12 repetitions for three sets.

Upper Extremity Endurance Training

- Incorporated endurance training for the upper extremity
 - Upper body ergometer.

Proprioceptive Training

- PNF patterns.

Functional Strengthening

- Plyometric exercises.

Progressive, Systematic Interval Program for Returning to Sports

- Golfers.
- Overhead athletes not before 6 mo.
 - Throwing athletes.
 - Tennis players.

Maximum improvement is expected by 12 months