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Rehabilitation Protocol: Arthroscopic Posterior Shoulder Stabilization

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-6)	
 Sling immobilization at all times (in flexion, aborehab under guidance of PT 	duction and 0° of rotation) except for showering and
 Range of Motion – None for Weeks 0-3 Weeks 3-6: Begin passive ROM - Restrict 45° of Internal Rotation 	t motion to 90° of Forward Flexion, 90° of Abduction, and
Therapeutic Exercise	
 Elbow/Wrist/Hand Range of Motion 	
 Grip Strengthening 	
 Starting Week 3: Begin passive ROM ac Heat/Ice before and after PT sessions 	tivities: Codman's, Anterior Capsule Mobilization
Phase II (Weeks 6-12)	
Sling immobilization for comfort only	
 Range of Motion – Begin AAROM/AROM 	
o Goals: 135° of Forward Flexion, 120° of A	Abduction, Full External Rotation
Therapeutic Exercise	
o Continue with Phase I exercises	ID C. CCI
Begin active-assisted exercises – Deltoid	
<u> </u>	ses for Rotator Cuff/Scapular Stabilizers/Biceps and s below the horizontal plane during this phase – utilize
exercise arcs that protect the posterior of	<u> </u>
Modalities per PT discretion	apsuic from stressy
Phase III (Weeks 12-16)	
 Range of Motion – Progress to full AROM without 	at discomfort
 Therapeutic Exercise – Advance Phase II exercis 	es
 Emphasize Glenohumeral Stabilization, I 	External Rotation and Latissimus eccentrics
 Begin UE ergometer/endurance activitie 	es .
 Modalities per PT discretion 	
Phase IV (Months 4-6)	
Range of Motion – Full without discomfort	
Therapeutic Exercise – Continue with strengther	ning
o Sport/Work specific rehabilitation – Plyo	S
 Continue with endurance activities 	
 Return to sports at 6 months if approved 	1
 Modalities per PT discretion 	
Comments:	
Frequency: times per week D	uration: weeks
Signature:	Date: