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## Rehabilitation Protocol: Arthroscopic Posterior Shoulder Stabilization

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-6)	
rehab under guidance of PT	ction and 0° of rotation) except for showering and
<ul> <li>Range of Motion – None for Weeks 0-3</li> <li>Weeks 3-6: Begin passive ROM - Restrict n 45° of Internal Rotation</li> </ul>	notion to 90° of Forward Flexion, 90° of Abduction, and
Therapeutic Exercise	
<ul> <li>Elbow/Wrist/Hand Range of Motion</li> </ul>	
<ul> <li>Grip Strengthening</li> </ul>	
<ul> <li>Starting Week 3: Begin passive ROM activ</li> <li>Heat/Ice before and after PT sessions</li> </ul>	ities: Codman's, Anterior Capsule Mobilization
Phase II (Weeks 6-12)	
Sling immobilization for comfort only	
<ul> <li>Range of Motion – Begin AAROM/AROM</li> </ul>	
<ul> <li>Goals: 135° of Forward Flexion, 120° of About</li> </ul>	duction, Full External Rotation
<ul> <li>Therapeutic Exercise</li> </ul>	
<ul> <li>Continue with Phase I exercises</li> </ul>	
o Begin active-assisted exercises – Deltoid/R	
<u> </u>	s for Rotator Cuff/Scapular Stabilizers/Biceps and
	elow the horizontal plane during this phase – utilize
exercise arcs that protect the posterior cap	sule from stress)
<ul> <li>Modalities per PT discretion</li> </ul>	
Phase III (Weeks 12-16)	
<ul> <li>Range of Motion – Progress to full AROM without d</li> </ul>	liscomfort
• Therapeutic Exercise – Advance Phase II exercises	
o Emphasize Glenohumeral Stabilization, Ext	ernal Rotation and Latissimus eccentrics
o Begin UE ergometer/endurance activities	
<ul> <li>Modalities per PT discretion</li> </ul>	
Phase IV (Months 4-6)	
Range of Motion – Full without discomfort	
<ul> <li>Therapeutic Exercise – Continue with strengthenin</li> </ul>	g
<ul> <li>Sport/Work specific rehabilitation – Plyom</li> </ul>	9
<ul> <li>Continue with endurance activities</li> </ul>	
<ul> <li>Return to sports at 6 months if approved</li> </ul>	
<ul> <li>Modalities per PT discretion</li> </ul>	
Comments:	
Frequency: times per week Dur	ation: weeks
Signature:	Date: