

## **ARTHROSCOPIC POSTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL**

This rehabilitation protocol has been developed for the patient following an arthroscopic PCLR surgical procedure. This procedure is normally the result of extreme laxity in the posterior capsule requiring surgical intervention to shrink the area. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an PCLR, the patient should avoid placing stress on the posterior joint capsule.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

**Important post-operative signs** to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic PCLR requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

### **PHASE ONE: WEEKS 1-3**

#### **EXERCISE GOAL**

##### **RANGE OF MOTION**

Gradual Increase

Passive to AAROM-in scapular plane

Internal rotation 0-30° Week 3

External rotation as tolerated

Passive to AAROM

Flexion/Elevation as tolerated

Pendulum exercises

Wand exercises-all planes within limitations

Rope/Pulley (flex, scaption)

Active elbow flexion/extension

Manual stretching and Grade I-II joint mobs

##### **STRENGTH**

Initiate submaximal/pain free isometrics-all planes

Grip strengthening with putty or ball

##### **BRACE**

Brace for 3 weeks or as noted by Dr. Stewart

Brace removed to perform exercises above



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## **POSTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL**

### **PHASE ONE: WEEKS 1-3 (cont'd)**

#### **EXERCISE GOAL**

#### MODALITIES

E-stim as needed

Ice 15-20 minutes

#### GOALS OF PHASE ONE:

- Promote healing of tissue
- Gradual increase in ROM
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

### **PHASE TWO: Weeks 3-6**

#### **EXERCISE GOAL**

#### RANGE OF MOTION:

Full ROM

Continue with ROM activities from previous phase

**NO LIMITATIONS** on IR-avoid extreme end range IR or adduction

Wand exercises-all planes

Rope/Pulley (flex, abd, scaption)

Manual stretching and Grade II-III joint mobs

#### STRENGTH

Initiate UBE for warm-up activity

Initiate IR/ER at neutral with tubing

Perform IR from full ER to neutral

Perform ER from neutral to full ER

Initiate forward flexion, scaption, empty can

Prone horizontal abduction-limit to 45° of horizontal ADD

Sidelying ER

Bicep and tricep strengthening

Initiate scapular stabilizer strengthening

Rhythmic stabilization in PNF patterns

#### BRACE

Discharge brace at week 3

#### MODALITIES

Ice 15-20 minutes

#### GOALS OF PHASE TWO:

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics



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## **POSTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL**

### **PHASE THREE: Weeks 6-16**

#### **EXERCISE GOAL**

##### **RANGE OF MOTION**

Continue all ROM activities from previous phases  
Posterior capsule stretch  
Towel internal rotation stretch  
Manual stretching and Grade II-III joint mobs to reach goal

##### **STRENGTH**

Continue all strengthening from previous phases, increasing resistance and repetitions  
UBE for strength and endurance  
Initiate isokinetic IR/ER at 45° abduction at high speeds  
Progress push-up from wall, to table, to floor  
Initiate ER with 90° abduction with tubing  
Progress overhead plyotoss for dynamic stabilization  
Progress rhythmic stabilization throughout range of motion  
Initiate lat pulldowns, military press, and bench press  
Progress PNF to high speed work  
Initiate plyoball figure 8 stabilizations

##### **MODALITIES**

Ice 15-20 minutes

##### **GOALS OF PHASE THREE:**

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics

### **PHASE FOUR: Weeks –16-24**

#### **EXERCISE GOAL**

##### **RANGE OF MOTION:**

Continue all ROM activities from previous phases  
Posterior capsule stretch  
Towel internal rotation stretch  
Grade III-IV joint mobs as needed to reach goal

##### **STRENGTH**

Continue with all strengthening exercises from previous phases increasing weight and repetitions  
Continue total body work out for overall strength  
Plyometric push-ups with platform  
Initiate light plyometric program  
Initiate and progress sport specific and functional drills  
Initiate interval throwing program

##### **MODALITIES**

Ice 15-20 minutes as needed

##### **GOALS OF PHASE FOUR:**

- Return to activity upper extremity strength and endurance
- Return to activity neuromuscular control and arthrokinematics
- Return to sports specific training/functional training