



Posterior Stabilization Postoperative Rehabilitation Protocol

Date of Surgery: _____

Phase	Precautions	Treatment Recommendations	Emphasize
Week 2-4 Maximum Protection Phase <i>Criteria for Advancement:</i> -External rotation to 30° -Minimal pain or inflammation	<ul style="list-style-type: none"> Immobilizer at all times when not exercising Internal Rotation and Horizontal Adduction limited to neutral 	<ul style="list-style-type: none"> AAROM elevation in plane of scapula to 90°, ER to 30° Scapular mobility and stability (sidelying, progressing to manual resistance) Sub-max deltoid isometrics in neutral (3-4 wks) Sub-max RC isometrics in neutral (3-4 wks) Elbow/ wrist AROM, gripping exercises Modalities for pain and edema, prn Emphasize patient compliance to HEP and protection during ADLs 	<ul style="list-style-type: none"> PROTECTING SURGICAL REPAIR Limiting horizontal adduction and IR to neutral Patient compliance with sling immobilization
Weeks 4-6 Phase II <i>Criteria for Advancement:</i> - Minimal pain and inflammation -Elevation in plane of scapula to 90° -Internal rotation/ external rotation strength 4/5	<ul style="list-style-type: none"> Limit Internal rotation to 45° Horizontal adduction limited to neutral Protect posterior capsule Avoid cuff inflammation 	<ul style="list-style-type: none"> D/C immobilizer (MD directed) AAROM elevation in plane of scapular and ER Progress scapular strengthening protecting posterior capsule (modify closed chain exercises) Sub-maximal isometrics ER/IR Sub-maximal deltoid isometrics Modalities for pain and edema, prn Progress HEP 	<ul style="list-style-type: none"> PROTECTING SURGICAL REPAIR Monitoring ROM Avoiding excessive stretch to posterior capsule Avoiding inflammation of rotator cuff
Weeks 6-12 Phase III <i>Criteria for Advancement:</i> -Pain-free -Full upper extremity range of motion -Normal scapulohumeral rhythm - Normal upper extremity flexibility - IR/ER strength 5/5 -Isokinetic IR strength 85% of unaffected side	<ul style="list-style-type: none"> Avoid rotator cuff inflammation Continue to protect posterior capsule Avoid excessive passive stretching 	<ul style="list-style-type: none"> Initiate AAROM IR Continue AAROM for ER and elevation on plane of scapula Continue progressive scapula strengthening, protecting posterior capsule Initiate IR/ ER in modified neutral Begin latissimus strengthening Begin scapula plane elevation when RC and scapula strength is adequate Humeral head stabilization exercises PNF patterns if IR/ ER is 5/5 Isokinetic training and testing UE endurance (UBE) Initiate flexibility exercises Modalities prn 	<ul style="list-style-type: none"> PROTECTING SURGICAL REPAIR Avoiding excessive passive stretching Avoiding inflammation of rotator cuff Establishing normal scapula and rotator cuff strength base Progress HEP
Weeks 16-19 Phase IV <i>Criteria for Discharge:</i> -Pain free sport or activity specific program - Isokinetic IR/ER strength at least equal to unaffected side -> 66% Isokinetic ER/IR strength ratio -Independent Home Exercise Program - Independent sport or activity specific program	<ul style="list-style-type: none"> Pain free plyometrics Significant pain with a specific activity Feeling of instability Avoid loss of strength and instability Avoid overtraining 	<ul style="list-style-type: none"> Full UE strengthening emphasizing eccentrics UE flexibility program Advance ER/IR strength to 90/90 position (overhead athlete) Isokinetic training and testing Continue endurance training Initiate plyometrics, sport and activity related program Address trunk and LEs as required Modalities prn Modify HEP 	<ul style="list-style-type: none"> Eccentric strengthening for overhead athlete Elimination of strength deficits Restoration of ER/IR strength ratio Restoration of flexibility to meet demands of sport activity