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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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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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