

POSTERIOR SHOULDER STABILIZATION

- Progression follows a time-sensitive and criteria-driven approach, considering soft tissue recovery, patient factors, and clinical assessment.
- Contact Dr. Sujan Goju's clinic

Rehabilitation Precautions

- Use the sling strictly for 6 weeks post-procedure, ensuring it supports the shoulder in a neutral position
- Remove the sling for activities like exercises, hygiene, and tasks requiring elbow support
- Avoid positions that involve horizontal adduction or internal rotation to protect the posterior capsule and labrum.
- Delay stretches involving horizontal adduction and internal rotation until 10-12 weeks
- Refrain from bearing weight on the affected upper extremity for 10-12 weeks
- Begin isotonic strengthening exercises at 8 weeks, progressing based on recovery milestones and clinical evaluation

CLINICAL PRACTICE GUIDELINE

Phase 1 (Weeks 0-6)

Range of Motion (ROM)	<ul style="list-style-type: none"> • Educate Patient on performing pendulum exercise • Initiate ER in neutral spine Position • Start wand assisted ER in supine • Restrict wand-assisted supine to 90° for starting 4 weeks • Advance wand-assisted supine flexion to 120° during weeks 4-6
Strength	<ul style="list-style-type: none"> • Restriction: Avoid isometric and isotonic strengthening exercises.
Criteria of Progression to	<ul style="list-style-type: none"> • Proper use of the sling.

Next Phase	<ul style="list-style-type: none"> • Effective pain management. • Physician approval for discontinuing the sling at 6 weeks.
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Phase II Weeks (7-10 weeks)

Range of Motion (ROM)	<ul style="list-style-type: none"> • Gradually increase supine flexion to 180° • Progress ER to 90° of abduction • Perform AROM as tolerated, ensuring no upper trapezius substitution • Restriction: Horizontal adduction, internal rotation movements, stress, and upper extremity (UE) weight-bearing exercises or positions.
Strength	<ul style="list-style-type: none"> • Neuromuscular Re-education: Ehythmic stabilization in non-provocative positions (90° FE, 120° FE, and ER). • Scapular proprioceptive neuromuscular facilitation (PNF) with manual resistance • Exercises: Dynamic isometric exercises using a band, Light band exercises for ER, IR, scapular stabilization (row, extension, depression, horizontal abduction). • Start standing scapular retraction exercises to isolate the middle trapezius
Criteria of Progression to Next Phase	<ul style="list-style-type: none"> • Achieve functional AROM without upper trapezius compensation or pain • Ensure no increased pain or soreness with the start of isotonic exercises

PHASE III (Weeks 10-12 weeks)

Range of Motion (ROM)	<ul style="list-style-type: none">• Continue all PROM stretches except for horizontal adduction and internal rotation.• Begin gentle stretches for horizontal adduction and internal rotation
Strength	<ul style="list-style-type: none">• Advance neuromuscular re-education for RC and scapular stabilizers.• Increase ER and IR strengthening to 45° abduction.• Start band and weight exercises for flexion and abduction
Criteria of Progression to Next Phase	<ul style="list-style-type: none">• Achieve full AROM and PROM.• Normalize joint mechanics in daily activities.

PHASE IV (Weeks 12-17 weeks)

Range of Motion (ROM)	Start inferior GH mobilizations to improve abduction if appropriate
Strength	<ul style="list-style-type: none">• Begin gentle CKC UE weightbearing exercises on the wall.• Initiate the Thrower's 10 program (T, Y, Extensions, Row).• Progress all endurance and neuromuscular exercises.• Start PNF diagonals with band and manual resistance.• Begin a plyometric medicine ball program
Criteria of Progression to Next Phase	No increased pain or compensations with the addition of horizontal adduction and internal rotation stretches

PHASE V (Weeks 18+ weeks)

<p>Range of Motion (ROM)</p>	<ul style="list-style-type: none"> • Perform passive range of motion exercises as required. • Advance stretching exercises to maximize flexibility if indicated
<p>Strength</p>	<ul style="list-style-type: none"> • Exercises: • Closed kinetic chain exercises for the upper extremities while lying face down • Lying down bench presses and military presses • Pulling down weights • Push-ups while lying face down after 5-6 months • Practice controlled falls onto a therapy ball or the ground, focusing on bending elbows to absorb impact. • Progress through drills related to specific sport of patient • Gradually reintroduce sports activities, depending on appropriateness
<p>Criteria of Progression to Next Phase</p>	<ul style="list-style-type: none"> • Obtain medical approval during the 6-month check-up to participate in contact sports