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POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC POSTERIOR INSTABILITY REPAIR

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

****The following protocol is for Posterior Instability Repair. If a SLAP repair is performed in addition, use this protocol avoiding active biceps (elbow flexion and supination) until post-op week 7, unless otherwise specified by the surgeon.**

ROM GUIDELINES: The ROM guidelines outlined are limits set for each time frame and should not be exceeded unless otherwise specified by the surgeon.

Post-op weeks 1-3

- Elbow, wrist, hand AROM (elbow only if no contraindications, such as with SLAP repair, biceps repair/anchor, biceps tenodesis)
- Sub-maximal isometrics flexion, abduction, ER, IR, elbow flexion/extension (elbow only if not in presence of SLAP on biceps repair)
- Modalities (ice, electrical stimulation)
- Maintain sling use
- No glenohumeral joint ROM unless otherwise specified by surgeon. PROM/AAROM for forward elevation and external rotation may begin post-op week 3 depending on patient's ROM at physician follow-up
- **ROM Limits** at post-op week 3: Forward Elevation = 105°, ER (@ 20° abduction) = 30°.
- Avoid shoulder *internal rotation beyond stomach (which includes IR behind back), horizontal adduction (reaching across chest)*, extension past neutral (use towel roll/pillow under elbow in supine position), lifting, pushing, pulling, carrying, weight bearing activity, AROM, and sleeping on the involved side

**The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

Post-operative guidelines of Arthroscopic Posterior Instability Repair

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Post-op weeks 4-6

- **ROM Limits:** Forward Elevation =120° at week 4 and progress to 140° by week 6, ER=45-60°. No internal rotation ROM beyond stomach, unless specified by the surgeon
- Pendulums
- Gentle pain-free PROM for forward elevation in the scapula plane and external rotation within limits unless otherwise specified based off surgeon's intra-operative assessment
- Supine self-assisted AAROM forward elevation in the scapula plane within ROM limits and progress to stick
- Supine AAROM external rotation with stick within ROM limits. Arm at least level with abdomen (use towel roll/pillow)
- Scapula control exercise by PT in side-lying; active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Begin pulley for forward elevation in the scapula plane later in the stage maintaining ROM limits and only if with quality ROM (no scapula hike), minimal pain/discomfort
- Continue isometrics
- Continue elbow (if not contraindicated)/wrist/hand AROM/gripping
- Modalities (Ice, electrical stimulation)
- Avoid shoulder ***internal rotation beyond stomach (which includes IR behind back), horizontal adduction (reaching across chest)***, extension past neutral (use towel roll/pillow under elbow in supine position), lifting, pushing, pulling, carrying, weight bearing activity, AROM, and sleeping on the involved side

Post-op week 7-9

- **ROM Limits:** Forward Elevation =160°, ER=gradually restore to full, IR=45°
- Begin internal rotation ROM to 45° at 90° of abduction. No IR behind back at this time.
- Gradually increase PROM to ROM limits
- Continue AAROM exercises for forward elevation in the scapula plane and external rotation within new ROM limits
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint)
- Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying); Maintain ROM limits and avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended; May progress active forward elevation from gravity eliminated positions to semi-recumbent and to standing "full can" position in scapula plane if no scapula hiking maintaining ROM limit of 145°. Progress to resistance with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike.

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Post-op week 7-9 (continued):

- AROM against gravity and progress to light resistance if normal AROM in these planes without abnormal or substituted movement patterns later in the stage; Start with 1 lb. dumbbell and/or elastic band/tubing with least resistance:
 - Side-lying ER
 - Scapula protraction supine
 - Prone row and extension and progress to prone horizontal abduction.
 - Elastic band/tubing for ER, IR to the stomach, shoulder extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing
- Scapula control exercises (manual resistance, scapula PNF)
- Begin light biceps (if not contraindicated)/triceps strengthening with arm at side

Post-op week 10-12

- **ROM Limits:** Achieve full ROM by post-op week 12 except IR behind back may take an additional 3-4 weeks.
- Gradually increase IR ROM at 90° of abduction and begin IR behind back. ***Do not force ROM/stretch.***
- Continue AAROM exercises to restore and maintain full ROM
- UBE
- Begin low-level closed chain exercises while protecting posterior capsule. No push-ups at this time.
- Progress rotator cuff and scapula strengthening program
- Initiate PNF patterns
- Continue with week 7-9 program

Post-op week 13-15

- Restore internal rotation and gradually stretch posterior capsule. To include sleeper stretch, posterior shoulder stretch (horizontal adduction)
- Begin strengthening ER/IR “90/90” position if ROM achieved. Start with AROM against gravity and progress to light resistance
- Progress open and closed chain strengthening exercises:
 - Rotator cuff and scapula strengthening
 - UE strengthening protecting posterior capsule
 - May begin wall push-up with MD approval
- Begin light functional activity as appropriate and within surgeon’s guidelines
- May begin low-level plyometric program with physician approval
- Continue with week 10-12 strengthening program

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Post-op week 16-20:

- Maintain PROM and restore flexibility (Do not overstretch posterior capsule).
- Restore ROM needed for sport specific activity
- Progress from wall push-up to table and eventually floor with MD approval
- Progress plyometric program
- Begin sports specific activity within surgeon's guidelines
- Progress strengthening and endurance program
- Maintain PROM and flexibility
- Return to work considerations