

POSTERIOR INSTABILITY REPAIR

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-3	WEEKS 3-6: PROM → AAROM → AROM	WEEKS 6-12	MONTHS 3-12
Forward flexion	Pendulums only	Max 90°	Within 20° of opposite side	Full <i>As tolerated</i>
External rotation at side	Pendulums only	As tolerated	Within 20° of opposite side	Full
Internal rotation	None <i>Sling</i>	To stomach	Within 20° of opposite side	Full
Cross-arm adduction	None	None	Per ROM progression	As tolerated

SUMMARY

Sling	Abduction sling in neutral rotation for 3 weeks.
Motion	Pendulums, elbow, and wrist ROM for 3 weeks. Weeks 3 to 6: FF to 90° and IR to the stomach, PROM → AAROM → AROM; ER at the side as tolerated; no cross-arm adduction. Weeks 6 to 12: within 20° of the opposite side. Full ROM from 3 months.
Strengthening	Wrist and grip from week 0. Isometrics with the arm at the side and scapular motion from week 3. Once 140° active FF: isometrics → bands → light weights (1 to 5 lb) at low abduction angles, 3 times a week; closed chain. Eccentrics, plyometrics, and proprioception from 3 months.
Return to sport	Sport-related rehabilitation from 3 months. Throwing at 4½ months; push-ups at 4½ to 6 months; throwing from the mound at 6 months. Contact sports at 6 to 9 months.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0–3

- Sling in neutral rotation for 3 weeks (abduction sling).
- Pendulum exercises; elbow and wrist ROM.
- Wrist and grip strengthening.

WEEKS 3–6

- Restrict to FF 90° / IR to stomach; PROM → AAROM → AROM.
- ER with the arm at the side as tolerated.
- Begin isometrics with the arm at the side: FF/ER/IR/ABD/ADD.
- Start scapular motion exercises (trapezius, rhomboids, levator scapulae, etc.).
- No cross-arm adduction; follow ROM restrictions.
- Heat before treatment, ice after treatment per therapist's discretion.

WEEKS 6–12

- Increase ROM to within 20° of the opposite side; no manipulations by the therapist; encourage the patient to work on ROM daily.
- Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weights (1 to 5 lb); 8 to 12 reps, 2 to 3 sets for the rotator cuff, deltoid, and scapular stabilizers with low abduction angles.
- Only do strengthening 3 times a week to avoid rotator cuff tendinitis.
- Closed chain exercises.

MONTHS 3–12

- Advance to full ROM as tolerated.
- Begin eccentrically resisted motions, plyometrics (e.g., weighted ball toss), and proprioception (e.g., body blade).
- Begin sport-related rehabilitation at 3 months, including advanced conditioning.
- Return to throwing at 4½ months. Push-ups at 4½ to 6 months. Throw from the pitcher's mound at 6 months. Contact sports at 6 to 9 months.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Abduction sling in neutral rotation														
Pendulums; elbow and wrist ROM														
Wrist and grip strengthening														
FF to 90° / IR to stomach (PROM → AAROM → AROM)														
ER at side as tolerated														
Isometrics, arm at side														
Scapular motion exercises														
No cross-arm adduction														
Advanced Exercises														
ROM to within 20° of opposite side														
Strengthening once 140° active FF (bands, 1-5 lb)														
Closed chain exercises														
Full ROM as tolerated														
Eccentrics, plyometrics, proprioception														
Sport-related rehabilitation														
High-Level Activities														
Return to throwing at 4½ months														
Push-ups at 4½ to 6 months														
Throwing from the mound at 6 months														
Contact sports at 6 to 9 months														

Motion stays within the week 3 to 6 limits until week 6. No cross-arm adduction until week 6.

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.