

Joshua D. Stein, M.D.
Trinity Clinic Orthopaedic and Sports Medicine
1327 Troup Hwy
Tyler, TX 75701
(903) 510-8840

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 1: Week 1-3
PCLR Protocol**

WEEK
1-3

EXERCISE GOAL
ROM Gradual ↑
Passive to AAROM-in scapular plane
Internal rotation 0-30° wk 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
Brace removed to perform exercises above

MODALITIES

E-stim as needed
Ice 15-20 minutes

GOALS OF PHASE:

- Promote healing of tissue
- Gradual increase in ROM
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

**Phase 2: Week 3-6
PCLR Protocol**

WEEK
3-6

EXERCISE GOAL

ROM Full ROM

Continue with ROM activities from previous phase

NO LIMITATIONS except 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 D/C wk 3

Discharge brace at week 3

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics

Phase 3: Week 6-16
PCLR Protocol

WEEK
6-16

EXERCISE
ROM

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:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics

Phase 4: Week 16-24
PCLR Protocol

WEEK
16-24

EXERCISE
ROM

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:

- Return to activity upper extremity strength and endurance
- Return to activity neuromuscular control and arthrokinematics
- Return to sports specific training/functional training