

**REHABILITATION GUIDELINES FOR  
POSTERIOR SHOULDER RECONSTRUCTION +/- LABRAL REPAIRS**

**Dr. Carson**

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, and rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

**PHASE I (Begin PT 3-5 days post-op) DOS:**

APPOINTMENTS	Meet with the Physician: Begin Physical Therapy at 3-5 days post-op.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Protection of the post-surgical shoulder.</li> <li>2. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints.</li> <li>3. Maintain ROM at the elbow and wrist.</li> <li>4. PROM: Flex to 120° and abduction to 90°</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. <u>Sling with wedge</u> immobilization required for soft tissue healing for 4 weeks. Discontinue after 4 weeks.</li> <li>2. Hypersensitivity in axillary nerve distribution is a common occurrence.</li> <li>3. No internal rotation past neutral for 6 weeks and no internal rotation with abduction for 8 weeks to protect repaired tissues</li> <li>4. No horizontal adduction for 6 weeks</li> </ol>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> <li>• PROM flex and scaption to 120°, abduction to 90°, ER at side as tolerated</li> <li>• Begin week 2-3: sub-maximal shoulder isometrics for IR/ER, flex/ext, &amp; abd/add.</li> <li>• Hand gripping.</li> <li>• Elbow, forearm, and wrist AROM.</li> <li>• Cervical spine and scapular AROM.</li> <li>• Desensitization techniques for axillary nerve distribution.</li> <li>• Postural exercises.</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike—sling on. (Avoid running and jumping due to the distractive forces that can occur at landing)(NO TREADMILL)

## PHASE II (Begin at 4-8 weeks post-op)

Begin Date: \_\_\_\_\_

APPOINTMENTS	Physician Appointment: Physical Therapy 1-2 x per week.
PHASE II GOALS	<ol style="list-style-type: none"><li>1. Full PROM and AROM in all cardinal planes, except internal rotation.</li><li>2. Progress IR range of motion gradually to prevent over stressing the repaired posterior tissues of the shoulder at 6 weeks.</li><li>3. Strengthen shoulder and scapular stabilizers in protected positions (0°-45° abduction.)</li><li>4. Begin proprioceptive and dynamic neuromuscular control retraining. Avoid closed chain exercises due to stress to posterior repair.</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Sling immobilization required for soft tissue healing for 4 weeks. Remove sling after 4 weeks.</li><li>2. Hypersensitivity in axillary nerve distribution is a common occurrence.</li><li>3. <b>No internal rotation past neutral for 6 weeks and no internal rotation with abduction for 8 weeks to protect repaired tissues.</b></li><li>4. Avoid passive and forceful movements into internal rotation, extension and horizontal adduction.</li></ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"><li>• PROM as tolerated to full</li><li>• AA/AROM in all cardinal planes-assessing scapular rhythm, respecting IR ROM guidelines.</li><li>• Gentle shoulder mobilizations as needed.</li><li>• Rotator cuff strengthening in non-provocative positions (0°-45° abduction)</li><li>• Scapular strengthening and dynamic neuromuscular control.</li><li>• Cervical spine and scapular ROM.</li><li>• Postural exercises.</li><li>• Core strengthening.</li></ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster. No swimming, elliptical, or treadmill. (Avoid running and jumping until athlete is at least 12 weeks post-op and has full rotator cuff strength in a neutral position due to the distractive forces that can occur at landing.)
PROGRESSION CRITERIA	<ol style="list-style-type: none"><li>1. Full AROM.</li><li>2. 5/5 IR/ER strength at 45° abduction.</li></ol>

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**PHASE III (Begin at 8 weeks post-op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physician Appointment: Physical Therapy 1x every 2-3 weeks.
PHASE III GOALS	1. Full AROM in all cardinal planes with normal scapulo-humeral movement. 2. 5/5 rotator cuff strength at 90° abduction in the scapular plane. 3. 5/5 peri-scapular strength.
PRECAUTIONS	1. Avoid posterior pain with activity/rehab. Post-activity soreness should be mild and subside within 24 hours. 2. All exercises and activities to remain non-provocative and low to medium velocity. 3. Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm. 4. No swimming, throwing or sports.
SUGGESTED THERAPEUTIC EXERCISE	<u>Motion</u> No restriction for internal rotation, normalize to other side gradually and with appropriate end feel.  <u>Strength and Stabilization</u> Flexion in prone, or abd in prone, full can ex, D1 and D2 diagonals in standing below 90° abduction  TB/cable column/dumbbell (light resistance/high rep) IR/ER below 90° abduction and rowing.
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster (if they have met PII criteria). <b><u>NO SWIMMING, elliptical, or throwing</u></b>
PROGRESSION CRITERIA	Patient may progress to Phase IV if they have met the above stated goals and are at least 12 weeks post-op.

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**PHASE IV: (Begin ~12-16 weeks when Phase III goals and criteria met)**

**Begin Date:**

APPOINTMENTS	PT 1x every 3 weeks
PHASE IV GOALS	<ol style="list-style-type: none"> <li>1. Pt. to demonstrate stability with higher velocity movements and change of direction of movements</li> <li>2. 5/5 rotator cuff strength with multiple repetition testing at 90°</li> <li>3. Full multiplane AROM</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Avoid posterior pain with activity/rehab. Post-activity soreness should subside within 24 hours</li> <li>2. Progress gradually into provocative exercises by beginning with low velocity and known movement patterns</li> <li>3. Progress gradually into closed-chain exercises focusing on ability to control posterior forces</li> </ol>
SUGGESTED THERAPEUTIC EXERCISES	<p><u>Strength and stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises</p> <p>TB/cable column/dumbbell IR/ER in 90° abduction and rowing</p> <p>Balance board in push-up position (with RS), prone swiss ball walkouts, rapid alternating movements in supine D1 diagonals. CKC stabilization with narrow BOS</p>
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster, and jogging (if Phase II goals met). NO SWIMMING or THROWING. Elliptical okay if no use of arms
PRGRESSION CRITERIA	Patient may progress to Phase V if they have met the above stated goals and have

	no apprehension or impingement signs
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**PHASE V (Begin when goals and criteria from Phase IV are met ~16 weeks)**

**Begin Date:**

APPOINTMENTS	PT 1x every 3 weeks
PHASE V GOALS	<ol style="list-style-type: none"> <li>1. Pt to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming and throwing)</li> <li>2. No apprehension or instability with high velocity overhead movements</li> <li>3. Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder</li> <li>4. Work capacity cardiovascular endurance for specific sport or work demands</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Progress gradually into sport specific movement patterns</li> <li>2. Avoid posterior pain with activity. Post-activity soreness should be mild and subside within 24 hours</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocities. Begin working towards more sport specific activities.</p> <p>Higher velocity strengthening and control, such as the inertial plyometrics, rapid theraband drills. Plyometrics should start with 2 hands below shoulder ht and progress to overhead, then back below shoulder with one hand, progressing again to overhead.</p> <p>Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport</p>
CARDIOVASCULAR FITNESS	Design to use sport specific energy systems.
PROGRESSION CRITERIA	Patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer.

Updated 05/27/2010