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## REHABILITATION GUIDELINES FOR POSTERIOR CAPSULOLABRAL SHOULDER STABILIZATION

Aaron M. Bott M.D.

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. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

### Phase I Surgery to 2 Weeks

<b>Appointments</b>	Physician: 10-14 days postoperatively Physical Therapy: 3-5 days postoperatively 1-2x/week
<b>Guidelines</b>	<ul style="list-style-type: none"> <li>• <b>Shoulder Immobilizer:</b> <ul style="list-style-type: none"> <li>-Required for soft tissue healing for 4 weeks/Should be worn at all times except for ROM exercises</li> <li>-The brace should be maintained in a gunslinger-type position to avoid stretching the posterior capsule and labrum</li> </ul> </li> <li>• No internal rotation past neutral for 6 weeks</li> <li>• No internal rotation in abduction for 8 weeks to protect repaired tissues</li> <li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"> <li>• Active elbow, forearm, and wrist ROM exercises immediately</li> <li>• Active cervical spine and scapular ROM exercises immediately</li> <li>• Pendulum exercises immediately</li> <li>• Passive shoulder ROM exercises               <ul style="list-style-type: none"> <li>-Weeks 1-2: Flexion and abduction to tolerance ER to 40° (arm at side)</li> </ul> </li> <li>• Gentle shoulder mobilizations</li> </ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"> <li>• Grip strengthening exercises/Postural exercises</li> </ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"> <li>• Walking/Stationary bike</li> <li>• Avoid impact aerobic conditioning</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>• Cryotherapy</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>• 2 weeks postop</li> <li>• Flexion 70°/ER 30° (arm at side)</li> </ul>

# POSTERIOR SHOULDER STABILIZATION

## Phase II 2 to 6 Weeks Postop

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<b>Appointments</b>	Physician: 10-14 days and 6 weeks postoperatively Physical Therapy: 1-2x/week
<b>Guidelines</b>	<ul style="list-style-type: none"><li>• <b>Shoulder Immobilizer:</b><ul style="list-style-type: none"><li>-Required for soft tissue healing for 4 weeks</li><li>-May be removed for ROM exercises</li><li>-May be removed during the 4<sup>th</sup> week in safe environments</li><li>-Should be worn at night from weeks 0-4</li><li>-D/C completely 4 weeks after surgery</li></ul></li><li>• Progress internal rotation ROM gradually to prevent overstressing the repaired posterior tissues of the shoulder.</li><li>• No internal rotation past neutral for 6 weeks and no internal rotation with abduction for 8 weeks to protect repaired tissues</li><li>• Avoid passive and forceful movements into internal rotation and horizontal adduction</li><li>• Hypersensitivity in axillary nerve distribution is a common occurrence</li><li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li></ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"><li>• Active elbow, forearm, and wrist ROM exercises immediately</li><li>• Active cervical spine and scapular ROM exercises immediately</li><li>• Passive and active-assisted shoulder ROM exercises in all planes<ul style="list-style-type: none"><li>-Weeks 3-4: Flexion to 90°/Abduction to 80° ER (arm at side) to 45° IR (arm at side) to neutral</li><li>-Weeks 5-6: Flexion to 140° ER (45° abduction) to 45° IR (arm at side) to neutral</li></ul></li><li>• Active shoulder ROM exercises may commence at week 5</li><li>• Gentle shoulder mobilizations as needed</li></ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"><li>• Submaximal shoulder isometrics in all planes starting at week 3</li><li>• Grip strengthening exercises</li><li>• Postural exercises</li></ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"><li>• Walking/Stationary bike</li><li>• Avoid impact aerobic conditioning</li></ul>
<b>Modalities</b>	<ul style="list-style-type: none"><li>• Cryotherapy</li></ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"><li>• 6 weeks postop</li><li>• Flexion 140°/ER 30° (arm at side)</li></ul>

# POSTERIOR SHOULDER STABILIZATION

## Phase III 6 to 12 Weeks Postop

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<b>Appointments</b>	Physician: 6 weeks and 12 weeks postoperatively Physical Therapy: 1x/1-2 weeks
<b>Guidelines</b>	<ul style="list-style-type: none"><li>• Progress internal rotation ROM gradually to prevent overstressing the repaired posterior tissues of the shoulder</li><li>• Avoid passive and forceful movements into internal rotation and horizontal adduction</li><li>• Strengthen shoulder and scapular stabilizers in protected position (0° - 45° abduction)</li><li>• Avoid closed chain strengthening and other exercises that stress the posterior shoulder</li><li>• Begin proprioceptive and dynamic neuromuscular control retraining</li><li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li></ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"><li>• Passive, active-assisted, and active ROM in all cardinal planes – assessing scapular rhythm<ul style="list-style-type: none"><li>-Weeks 7-8: Flexion/ER as tolerated IR-Gentle and pain free (arm at side)</li><li>-Weeks 9-10: Flexion/ER as tolerated IR-Gentle and pain free (45° abduction)</li><li>-Weeks 11-12: Flexion/ER as tolerated IR-Gentle and pain free (90° abduction)</li></ul></li><li>• Cervical spine and scapular AROM</li><li>• Gentle shoulder mobilizations as needed</li></ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"><li>• Rotator cuff strengthening in non-provocative positions (0° - 45° abduction)</li><li>• Scapular strengthening and dynamic neuromuscular control</li><li>• Bodyblade in nonprovocative positions with progression to functional positions</li><li>• Postural exercises</li><li>• Core strengthening</li></ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"><li>• Walking</li><li>• Stationary bike</li><li>• Stairmaster</li><li>• No swimming, treadmill, running, or jumping</li></ul>
<b>Modalities</b>	<ul style="list-style-type: none"><li>• Cryotherapy</li></ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"><li>• Full flexion/ER</li><li>• IR 45° (at 90° abduction)</li><li>• 12 weeks postop</li></ul>

**POSTERIOR SHOULDER STABILIZATION**  
**Phase IV 12 Weeks to 6 Months Postop**  
**Aaron M. Bott M.D.**

Appointments	Physician: 12 weeks and 6 months postoperatively Physical Therapy: 1x/2-3 weeks
Guidelines	<ul style="list-style-type: none"> <li>• <b>Months 3-4:</b> <ul style="list-style-type: none"> <li>-All exercises and activities to remain non-provocative and low to medium velocity</li> <li>-Avoid activities where there is a risk of falling increased stress applied to the arm</li> <li>- No swimming, throwing or sports</li> </ul> </li> <li>• <b>Months 4-5:</b> <ul style="list-style-type: none"> <li>-Progress gradually into provocative exercises by beginning with low velocity, known movement patterns</li> <li>-Begin education in sport specific biomechanics with initial program for throwing, swimming, or overhead racquet sports</li> <li>-No swimming</li> </ul> </li> <li>• <b>Months 5-6:</b> <ul style="list-style-type: none"> <li>-Progress gradually into sport specific movement patterns</li> <li>-Develop provocative exercises in high velocity, multidirectional movement patterns</li> </ul> </li> <li>• Avoid posterior pain with activities/rehab</li> <li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>• Progressive pain-free internal rotation stretching/No motion limitations</li> <li>• Stretching for patient specific muscle imbalances</li> </ul>
Strengthening Exercises	<ul style="list-style-type: none"> <li>• <b>Months 3-4:</b> <ul style="list-style-type: none"> <li>-Prone flexion, horizontal abduction</li> <li>-Standing D1/D2 diagonals below 90° of abduction</li> <li>-TB/cable column/dumbbell IR/ER below 90° of abduction</li> </ul> </li> <li>• <b>Months 4-5:</b> <ul style="list-style-type: none"> <li>-Dumbbell and medicine ball exercises that incorporate trunk rotation and control with cuff strengthening at 90° of abduction</li> <li>-Higher velocity strengthening and control (plyometrics and rapid theraband drills)</li> <li>-Balance board in push-up position</li> <li>-Prone swiss ball walk-outs</li> <li>-RAM with supine D2 diagonal</li> <li>-CKC stabilization with narrow base of support</li> </ul> </li> <li>• <b>Months 5-6:</b> <ul style="list-style-type: none"> <li>-Incorporate dumbbell and medicine ball exercises at higher velocities</li> <li>-Initiate sport-specific programs (throwing, swimming, overhead racket, etc.)</li> </ul> </li> </ul>
Aerobic Conditioning	<ul style="list-style-type: none"> <li>• <b>Months 3-5:</b> <ul style="list-style-type: none"> <li>-Walking, stationary bike, stairmaster, and running. No swimming</li> </ul> </li> <li>• <b>Months 5-6:</b> <ul style="list-style-type: none"> <li>-Return to sport-specific conditioning regimen</li> </ul> </li> </ul>
Modalities	<ul style="list-style-type: none"> <li>• Cryotherapy</li> </ul>
Progression Criteria/Return to Sports	<ul style="list-style-type: none"> <li>• Full active ROM/upper extremity strength</li> <li>• Dynamic neuromuscular control with multi-plane activities without instability</li> </ul>