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**Arthroscopic Posterior Stabilization**

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Weeks 0-4</b> PT 1-2x/week HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling except shower & exercises Limit adduction & IR to neutral	Elbow, wrist, hand ROM Sidelying scapular stabilization Gripping exercises
<b>Weeks 4-8</b> PT 2-3x/week HEP daily	Protect surgical repair FF 90°, ER 45°, IR 45°	Sling except shower & exercises DC sling at 6 weeks for ADLs Limit adduction to neutral Limit IR to 45° Avoid posterior capsule stretch	PROM FF 90 plane of scapula PROM ER 45° arm at side Closed chain scapular stabilization Submaximal biceps, triceps, deltoid, cuff ER, and IR isometrics Posture training
<b>Weeks 8-12</b> PT 2-3x/week HEP daily	Full ROM Scapulohumeral rhythm Restore strength 5/5	No sling Avoid painful ADL's Protect posterior capsule Avoid rotator cuff inflammation Avoid excessive passive stretch	Initiate AAROM IR Progress A/AAROM FF & ER Protect posterior capsule Progress scapular stabilization Begin cuff & latissimus strengthening Humeral head rhythmic stabilization Resistive exercise for scapula, biceps, triceps, and rotator cuff below horizontal plane
<b>Weeks 12-20</b> PT 1x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	No sling Avoid painful activities OK to cycle/run at 12 weeks No contact/racket/throwing sports	Advance UE strengthening as tolerated ER/IR in 90/90 position Begin upper body ergometer (UBE) Initiate plyometrics Sport specific activities Throwing/racquet program 4-5 months
<b>Weeks 20+</b> HEP daily	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance