

## Non-Operative Rehabilitation for Posterior Shoulder Instability

Name: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ This

program will vary in length for each individual depending on several factors:

1. Severity of injury
2. Acute vs. chronic condition
3. ROM/strength status
4. Performance/activity demands

### PHASE I –ACUTE MOTION PHASE

- **Goals:**
  - Re-establish non-painful ROM
  - Retard muscular atrophy
  - Decrease pain/inflammation
  - *Note:* during the early rehabilitation program, caution must be applied in placing the posterior capsule under stress (excessive internal rotation, abduction or horizontal adduction) until joint stability is restored
- **Decrease Pain/Inflammation**
  - Therapeutic modalities (ice, electrotherapy, etc.)
  - NSAIDs
  - GENTLE joint mobilization
- **Range of Motion Exercises**
  - Pendulums, Rope & Pulley
  - L-Bar
    - Flexion, Abduction, Horizontal abduction, External rotation.
    - \*Weight Shifts (closed chain activities)
- **Strengthening Exercises**
  - Isometrics
    - Flexion, Abduction, Extension, Internal rotation (multi-angles)
    - External rotation (scapular angles)

### PHASE II –INTERMEDIATE PHASE

- **Goals**
  - Regain and improve muscular strength
  - Normalize arthrokinematics
  - Improve neuromuscular control of shoulder complex.

- **Criteria to Progress to Phase II**
  - Full range of motion
  - Minimal pain or tenderness
- **Initiate Isotonic Strengthening**
  - Flexion, Abduction to 90°, Internal rotation, external rotation, internal rotation (from external rotation to 0 degrees), Supraspinatus, Extension, Horizontal Abduction (prone), Push-ups.
- **Initiate Eccentric (surgical tubing) Stengthening**
  - Internal rotation (from full external rotation to 0 degrees), External rotation (from 0 degrees to full external rotation)
- **Normalize Arthrokinematics of the Shoulder Complex**
  - Continue joint mobilization, Patient education of mechanics of activity/sport
- **Improve Neuromuscular Control of Shoulder Complex**
  - Initiation of proprioceptive neuromuscular facilitation, Rhythmic stabilization drills, Continue use of modalities (as needed), Ice, electrotherapy modalities

**PHASE III –ADVANCED STRENGTHENING PHASE**

- **Goals**
  - Improve strength/power/endurance, Improve neuromuscular control, Prepare patient/athlete for activity
- **Criteria to Progress to Phase III**
  - Full non-painful ROM, No palpable tenderness
  - Continued progression of resistive exercises
    - Continue use of modalities (as needed), Continue anterior capsular stretches, Continue isotonic/eccentric strengthening (PREs)
- **Continue Eccentric Strengthening**
  - Initiate isokinetics
    - Flexion/extension, Abduction/adduction, Internal/external rotation, Horizontal ABD/Adduction
- **Initiate Plyometric Training**
  - Surgical tubing, Wall push-ups, Medicine ball
- **Initiate Military Press**
- **PRECAUTION: avoid maneuvers stressing anterior capsule**

**PHASE IV –RETURN TO ACTIVITY PHASE**

- **Goals:**
  - Maintain optimal level of strength/power/endurance
  - Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport
- **Criteria to Progress to Phase IV**
  - Full ROM
  - No pain of palpable tenderness
  - Satisfactory isokinetic test
  - Satisfactory clinical exam
- **Continue All Exercises as in Phase III**
- **Continue Posterior Capsular Stretches**
- **Initiate Interval Program**
- **Continue Modalities**

**Comments:**

**Frequency:** \_\_\_\_\_ times per week

**Duration:** \_\_\_\_\_ weeks

**Signature:** \_\_\_\_\_

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