

Physical Therapy Prescription – Posterior Shoulder Stabilization

Name: _____ Date: _____

Diagnosis: R / L posterior shoulder stabilization Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, **beginning 2 weeks after surgery**

WEEKS 0 – 2: Period of protection → no therapy for the first 2 weeks

- **Sling with pillow:** Must wear at all times except for hygiene
- **Range of Motion:** No shoulder ROM allowed; elbow/wrist motion ONLY

THERAPY Phase I (Weeks 2 – 6 after surgery):

- **Sling with abduction pillow:** Continue for a total of 6 weeks
- **Range of Motion:**
 - Weeks 2-4: PROM and AAROM including FF to 90°
 - Weeks 4-6: PROM and AAROM including FF to 120°, ABD to 90°
 - No combined Abduction-IR
- **Exercises:** begin isometrics at week 4; but no external rotation
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II (Weeks 6 – 12 after surgery):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase FF as tolerated, begin AROM in all planes, but to remain less than passive limits
 - Weeks 8-10: PROM/AAROM internal rotation to 30° with arm at side; and with arm in 45° of ABD
 - Weeks 10-12: unlimited passive and active IR
- **Exercises:** continue Phase I; begin resisted isometrics (no ER); begin PRE's excluding ER/IR; begin scapular stabilizers (protraction, retraction); anterior glides are okay (no posterior glides)
 - Weeks 8-10: slowly progress to resisted exercises with therabands
 - Weeks 10-12: advance PRE's to include ER/IR
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III (Weeks 12 – 24 after surgery):

- **Range of Motion:** Full
- **Exercises:** continue Phase II, advance as tolerated
 - Posterior glides okay at week 14
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)
- Consider return to sport at 20-24 weeks pending surgeon approval

Signature: _____

Date: _____