



Rehab Practice Guidelines for: *Posterior Capsular Stabilization*

Primary surgery: Repair of posterior labrum and posterior band of IGH ligament
Secondary surgery: Anterior repair

Precautions: Avoid "high 5 / low 5" position
Avoid internal rotation behind the back first 12 weeks.

Notes: Patients will only be seen before 4 weeks if there are range of motion issues.

Expected # of visits: 9-32

<u>Week 1 - 4</u>	<u>Treatment</u>	<u>Milestones</u>
No formal PT Use Abd. sling 24 hrs/day No driving	Ice shoulder for pain and inflammation control Remove sling TID for Codman's exercises Initiate isometric exercises for the shoulder and scapular retraction in sling daily	Comfortably sleep through the night
<u>Weeks 5-8</u> Begin PT 1-3 visits/week Abd. sling use in crowds and uncontrolled situations D/C use of sling after 6 weeks TOTAL VISITS 3-9	Modalities for pain and inflammation control as needed Incision mobilization AROM/AAROM exercises in all planes to restrictions stated in milestones. Start gravity minimized. Initiate isometric strengthening out of sling Initiate scapular control exercises	No hypomobility or hypersensitivity of the scars AROM: IR: Per MD restrictions in 45° of elevation (plane of scapula) Horiz ADD: Per MD ER: 20° in 45° of elevation (plane of scapula) Flex: 70° pure plane Abd: 50° pure plane Ext: in line with the body
<u>Weeks 9-12</u> 1-3 visits/wk	Modalities for pain and inflammation control as needed Incision mobilization Test glenohumeral accessory motions <i>if hypomobile</i> - Rx: grade III/IV	AROM: IR: 40° in 90° of elevation (plane of scapula); To stomach at 0° elevation Horiz ADD: 20°

TOTAL VISITS 6- 18	mobilizations – posterior mobs performed shortened position. <i>if normal mobility-</i> Rx: grade I/II mobilizations for pain control and to prevent adhesions AROM/AAROM exercises in all planes only to restrictions stated in milestones Isometric strengthening to isotonic exercise Initiate scapular control exercises Initiate rhythmic stabilization	ER: 45° in 90° of elevation (plane of scapula) Flex: 140° pure plane Abd: 70° pure plane Ext: 10° past midline
<u>Weeks 12-15</u> 1- 2 visits/wk TOTAL VISITS 9-24	Initiate PROM in all planes as needed. Progress strengthening Initiate Isokinetics for RC in neutral - 30° elevation Initiate dynamic stabilization	ROM: IR: When 60° achieved hold progressing Horiz. Add: When 30° achieved hold progressing ER: When 70° achieved hold progressing. If a thrower stop at 90°. Flex/Abd: Full ROM
<u>Weeks 16-24</u> Physical therapy is as needed for sport/work specific activities	Progress Strengthening Initiate bilateral plyometrics	Strength: 5/5 all shoulder motions
<u>Weeks 21-24</u> Physical therapy is as needed for sport/work specific activities	Initiate unilateral plyometrics Begin interval throwing program (if appropriate) Begin return to sport drills	Progression of sport/work specific rehabilitation

Return to play:

- Contact/power athlete: 9-12 months
- Non-contact athlete: 8-12 months
- Recreational Athlete: 6-9 months
- Criteria for RTP:
 - o Painfree
 - o Full ROM
 - o Bilaterally equal strength

**This Clinical Guideline may need to be modified to meet the needs of a specific patient.
 The model should not replace clinical judgment.**