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**

<table>
<thead>
<tr>
<th>Week 1 - 4</th>
<th>Treatment</th>
<th>Milestones</th>
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<tbody>
<tr>
<td>No formal PT</td>
<td>Ice shoulder for pain and inflammation control</td>
<td>Comfortably sleep through the night</td>
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</table>
| Use Abd. sling 24 hrs/day | Remove sling TID for Codman’s exercises  
Initiate isometric exercises for the shoulder and scapular retraction in sling daily |
| No driving    |                                                                           |                                   |
| Weeks 5-8     | 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 |
| Begin PT  
1-3 visits/week | D/C use of sling after 6 weeks  
TOTAL VISITS 3-9 |                                   |
| Abd. sling use in crowds and uncontrolled situations |                                                                           |

| Weeks 9-12    | Modalities for pain and inflammation control as needed  
Incision mobilization  
Test glenohumeral accessory motions  
if hypomobile: Rx: grade III/IV mobilizations – posterior mobs performed shortened position.  
if normal mobility: 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 | AROM:  
IR: 40° in 90° of elevation (plane of scapula); To stomach at 0° elevation  
Horiz ADD: 20°  
ER: 45° in 90° of elevation (plane of scapula)  
Flex: 140° pure plane  
Abd: 70° pure plane  
Ext: 10° past midline |
| 1-3 visits/wk | TOTAL VISITS 6-18                                                        |                                   |

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### Weeks 12-15

- 1-2 visits/wk
- **TOTAL VISITS** 9-24

| Initiate PROM in all planes as needed. | ROM:  |
| Progress strengthening | IR: When $60^\circ$ achieved hold progressing |
| Initiate Isokinetics for RC in neutral - $30^\circ$ elevation | Horiz. Add: When $30^\circ$ achieved hold progressing |
| Initiate dynamic stabilization | ER: When $70^\circ$ achieved hold progressing. If a thrower stop at $90^\circ$. |
| Flex/Abd: Full ROM |  |

### Weeks 16-24

Physical therapy is as needed for sport/work specific activities

| Progress Strengthening | Strength: 5/5 all shoulder motions |
| Initiate bilateral plyometrics |  |

### Weeks 21-24

Physical therapy is as needed for sport/work specific activities

| Initiate unilateral plyometrics | Progression of sport/work specific rehabilitation |
| Begin interval throwing program |  |
| (if appropriate) |  |
| Begin return to sport drills |  |

Return to play:

- Contact/power athlete: 9-12 months
- Non-contact athlete: 8-12 months
- Recreational Athlete: 6-9 months

**Criteria for RTP:**

- Painfree
- Full ROM
- Bilaterally equal strength