ANSWORTH A. ALLEN, MD
HSS Sports Medicine Institute | West Side
610 West 58th Street, 3rd Flr, New York, NY 10019
212.606.1447

Post-Operative Rehabilitation Guidelines for Posterior Stabilization Labral Repairs

Hospital for Special Surgery Sports Rehabilitation & Performance Center
Posterior Shoulder Stabilization Guidelines© *

The following posterior stabilization guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. The rehabilitation program following posterior shoulder stabilization emphasizes early, controlled motion to prevent contractures and to avoid excessive passive stretching later on. Internal rotation and horizontal adduction are avoided early and then progressed cautiously to avoid excessive stress of the posterior capsule. The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Particular emphasis will be placed on the posterior glenohumeral and scapular musculature to further assist in protecting the posterolabral complex. The program is based on the patient returning to sport-specific activities no earlier than 16 weeks post-surgery, with overhead activities and contact sports progressed last.

Follow physician's modifications as prescribed

POST - OPERATIVE PHASE I (WEEKS 2-4)
MAXIMUM PROTECTION PHASE

GOALS:
Promote healing: reduce pain, inflammation and swelling
Elevation in plane of scapula: to 90 E External Rotation: to 30 E Initiate restoration of humeral head and scapular control
Independent home exercise program

TREATMENT RECOMMENDATIONS:
AAROM elevation in plane of scapula to 90 E ER to 30 E scapular mobility and stability (sidelying, progressing to manual resistance), sub-max deltoid isometrics in neutral (3-4 wks), sub-max RC isometrics in neutral (3-4 wks), elbow/ wrist AROM, gripping exercises, modalities for pain and edema, prn

Emphasize patient compliance to HEP and protection during ADLs

PRECAUTIONS:
Immobilizer at all times when not exercising
Internal Rotation and Horizontal Adduction limited to neutral

MINIMUM CRITERIA FOR ADVANCEMENT:
External Rotation to 30 E Minimal pain or inflammation

Emphasize:
PROTECTING SURGICAL REPAIR
Limiting horizontal adduction and IR to neutral
Patient compliance with sling immobilization

POST - OPERATIVE PHASE II (WEEKS 4-6)
GOALS:
Continue to promote healing
Elevation in plane of scapula to 90 E Internal Rotation to 45 E Begin to restore rotator cuff strength to 4/5

TREATMENT RECOMMENDATIONS:
D/C immobilizer (MD directed), AAROM elevation in plane of scapular and ER, progress scapular strengthening protecting posterior capsule (modify closed chain exercises), sub-maximal isometrics ER/IR, sub-maximal deltoid isometrics, modalities for pain and edema, prn, progress HEP

PRECAUTIONS:
Limit Internal rotation to 45 E Horizontal adduction limited to neutral
Protect posterior capsule
Avoid rotator cuff inflammation

MINIMUM CRITERIA FOR ADVANCEMENT:
Minimal pain and inflammation
Elevation in plane of scapula to 90 E Internal rotation/ external rotation strength

Emphasize:
PROTECTING SURGICAL REPAIR
Monitoring ROM
Avoiding excessive stretch to posterior capsule
Avoiding inflammation of rotator cuff

POST - OPERATIVE PHASE III (WEEKS 6-12)
GOALS:
Restore full shoulder range of motion
Restore normal scapulohumeral rhythm throughout ROM
Upper extremity strength 5/5

Restore normal UE flexibility
Isokinetic IR/ER strength 85% of unaffected side

TREATMENT RECOMMENDATIONS:
Initiate AAROM IR, continue AAROM for ER and elevation on plane of scapula, continue progressive scapula strengthening, protecting posterior capsule, initiate IR/ ER in modified neutral, begin latissimus strengthening, begin scapula plane elevation when RC and scapula strength is adequate, humeral head stabilization exercises, PNF patterns if IR/ ER is 5/5, isokinetic training and testing, UE endurance (UBE), initiate flexibility exercises, modalities prn, modify HEP

PRECAUTIONS:
Avoid rotator cuff inflammation
Continue to protect posterior capsule
Avoid excessive passive stretching

MINIMUM CRITERIA FOR ADVANCEMENT:
Pain-free
Full upper extremity range of motion
Normal scapulohumeral rhythm
Normal upper extremity flexibility
IR/ER strength 5/5
Isokinetic IR strength 85% of unaffected side

Emphasize:
PROTECTING SURGICAL REPAIR
Avoiding excessive passive stretching
Avoiding inflammation of rotator cuff
Establishing normal scapula and rotator cuff strength base

POST - OPERATIVE PHASE IV (WEEKS 12-18)
GOALS:
Restore normal neuromuscular function
Maintain strength and flexibility
Isokinetic IR/ER strength to the unaffected side
> 66% Isokinetic ER/IR strength ratio
Prevent Re-injury

PRECAUTIONS:
Pain free plyometrics
Significant pain with a specific activity
Feeling of instability
Avoid loss of strength and instability
Avoid overtraining

TREATMENT RECOMMENDATIONS:
Full UE strengthening emphasizing eccentrics, UE flexibility program, advance ER/IR strength to 90/90 position (overhead athlete), isokinetic training and testing, continue endurance training, initiate plyometrics, sport and activity related program, address trunk and LEs as required, modalities prn, modify HEP

CRITERIA FOR DISCHARGE:
Pain free sport or activity specific program
Isokinetic IR/ER strength at least equal to unaffected side
> 66% Isokinetic ER/IR strength ratio
Independent Home Exercise Program
Independent sport or activity specific program

Eccentric strengthening for overhead athlete
Elimination of strength deficits
Restoration of ER/IR strength ratio
Restoration of flexibility to meet demands of sport activity