



Rehab Practice Guidelines for: Posterior Capsular Stabilization

Primary surgery: Repair of posterior labrum and posterior band of IGH ligament

Secondary surgery: Anterior repair

Expected # of visits: 9-32

Precautions, Notes, and Return to Play	
Precautions	<ul style="list-style-type: none"> ▪ Avoid "High 5 / Low 5" positions ▪ Avoid internal rotation behind the back first 12 weeks
Notes	<ul style="list-style-type: none"> ▪ Patients will only be seen before 4 weeks if there are range of motion issues
Return to play:	<ul style="list-style-type: none"> ▪ Contact/power athlete: 9-12 months ▪ Non-contact athlete: 8-12 months ▪ Recreational Athlete: 6-9 months ▪ Criteria for RTP: <ul style="list-style-type: none"> ○ Pain free ○ Full ROM ○ Bilaterally equal strength



Posterior Capsular Stabilization Rehab Protocol

<u>Timeline</u>	<u>Treatment</u>	<u>Milestones</u>
<u>Week 1-4</u> <ul style="list-style-type: none"> ▪ No formal PT ▪ Use abduction sling 24 hours/day ▪ No driving 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Comfortably sleep through the night
<u>Weeks 5-8</u> <ul style="list-style-type: none"> ▪ Begin PT ▪ Abduction sling use in crowds and uncontrolled situations ▪ D/C use of sling after 6 weeks ▪ 1-3 visits/week Total Visits: 3-9	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ No hypomobility or hypersensitivity of the scars ▪ <u>AROM:</u> <ul style="list-style-type: none"> ○ 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>Week 9-12</u> 1-3 visits/week Total Visits: 6-18	<ul style="list-style-type: none"> ▪ Modalities for pain and inflammation control as needed ▪ Incision mobilization ▪ Test glenohumeral accessory motions <ul style="list-style-type: none"> ○ <i>If hypomobile</i> - Rx: grade III/IV 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 	<ul style="list-style-type: none"> ▪ <u>AROM:</u> <ul style="list-style-type: none"> ○ 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
<u>Weeks 12-15</u> 1-2 visits/week Total Visits 9-24	<ul style="list-style-type: none"> ▪ Initiate PROM in all planes as needed. ▪ Progress strengthening ▪ Initiate Isokinetics for RC in neutral - 30° elevation ▪ Initiate dynamic stabilization 	<ul style="list-style-type: none"> ▪ <u>ROM:</u> <ul style="list-style-type: none"> ○ 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 activities	<ul style="list-style-type: none"> ▪ Progress strengthening ▪ Initiate bilateral plyometrics 	<ul style="list-style-type: none"> ▪ Strength: 5/5 all shoulder motions
<u>Weeks 21-24</u> Physical therapy is as needed for sport/work activities	<ul style="list-style-type: none"> ▪ Initiate unilateral plyometrics ▪ Begin interval throwing program (if appropriate) ▪ Begin return to sport drills 	<ul style="list-style-type: none"> ▪ Progression of sport/work specific rehabilitation