



# POSTERIOR SHOULDER STABILIZATION REHABILITATION GUIDELINES

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PHASE 1: Immediate Post-Operative (Surgery – 4 weeks)		
<b>Goals</b>	<input type="checkbox"/> Control swelling and ice, compression, and elevation	
<b>Precautions</b>	<input type="checkbox"/> NO shoulder motion above 30 degrees of flexion	
<b>Immobilization</b>	<input type="checkbox"/> Use of sling for 6 weeks	
<b>Cryotherapy</b>	<input type="checkbox"/> Cold with compression <input type="checkbox"/> First 24 hours: ice every hour for 25 minutes <input type="checkbox"/> After 24 hours: ice 3 times daily for at least 15 minutes	
<b>Exercises</b>	ROM	<input type="checkbox"/> Pronation and supination as tolerated <input type="checkbox"/> 0-130 degrees of ROM with the elbow <input type="checkbox"/> 0-30 degrees of forward elevation with the shoulder
	MUSCLE ACTIVATION	<input type="checkbox"/> Grip strength only
<b>Progression Criteria</b>	<input type="checkbox"/> Adequate immobilization	

\*Use of narcotics available for 7-10 days following surgery

\* NSAIDs for patients with persistent discomfort following surgery



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<b>PHASE 2: Weeks 4 – 8</b>		
<b>Goals</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Control swelling and ice, compression, and elevation</li> <li><input type="checkbox"/> Forward elevation to 120, Abduction to 45</li> </ul>	
<b>Immobilization</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continued use of sling</li> </ul>	
<b>Precautions</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Active ROM only</li> <li><input type="checkbox"/> Avoid provocative maneuvers that re-create position of instability</li> <li><input type="checkbox"/> Avoid excessive internal rotation</li> </ul>	
<b>Exercises</b>	ROM	<ul style="list-style-type: none"> <li><input type="checkbox"/> Forward elevation to 120 degrees</li> <li><input type="checkbox"/> Abduction to 45 degrees</li> <li><input type="checkbox"/> External rotation as tolerated</li> <li><input type="checkbox"/> Internal rotation to stomach</li> </ul>
	MUSCLE ACTIVATION	<ul style="list-style-type: none"> <li><input type="checkbox"/> Active ROM only</li> <li><input type="checkbox"/> Rotator cuff strengthening</li> <li><input type="checkbox"/> Closed chain isometric strengthening with the elbow flexed to 90 degrees and the arm at the side</li> <li><input type="checkbox"/> Strengthening of scapular strengthening stabilizers closed chain</li> <li><input type="checkbox"/> Scapular retraction/protraction/depression</li> <li><input type="checkbox"/> Shoulder shrugs</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal pain and discomfort with active ROM and closed-chain strengthening</li> <li><input type="checkbox"/> No sensation or findings of instability with above exercises</li> </ul>	



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PHASE 3: Weeks 8 – 12		
<b>Goals</b>	<input type="checkbox"/> 160 degrees of forward elevation <input type="checkbox"/> Full external rotation <input type="checkbox"/> 70 degrees abduction	
<b>Exercises</b>	ROM	<input type="checkbox"/> Only 160 degrees of forward elevation <input type="checkbox"/> Full external rotation <input type="checkbox"/> 70 degrees of abduction <input type="checkbox"/> Internal rotation to the stomach
	MUSCLE ACTIVATION	<input type="checkbox"/> Rotator cuff strengthening three times per week, 8-12 repetitions for 3 sets <input type="checkbox"/> Continue with closed chain isometric strengthening and progress to open chain with bands <input type="checkbox"/> Exercises performed with the elbow flexed to 90 and the shoulder in neutral position. Progression to the next band occurs usually in 2-3 week intervals. <input type="checkbox"/> Progress to light isotonic dumbbell exercises <input type="checkbox"/> Strengthening of scapular stabilizers *For all: internal rotation, external rotation, abduction, and forward elevation
<b>Progression Criteria</b>	<input type="checkbox"/> Minimal pain or discomfort with active ROM and strengthening <input type="checkbox"/> Improvement in strengthening of rotator cuff and scapular stabilizers <input type="checkbox"/> Satisfactory physical examination	



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PHASE 4: Months 3 – 6		
<b>Goals</b>	<input type="checkbox"/> Improve shoulder strength, power, and endurance <input type="checkbox"/> Improve neuromuscular control and shoulder proprioception <input type="checkbox"/> Restore full shoulder motion <input type="checkbox"/> Establish a home exercise maintenance program that is performed at least three times weekly	
<b>Exercises</b>	ROM	<input type="checkbox"/> Obtain motion equal to the contralateral side <input type="checkbox"/> Active ROM exercises with active assisted ROM exercises <input type="checkbox"/> Passive ROM with capsular stretching
	STRENGTHENING	<input type="checkbox"/> Rotator cuff and scapular stabilizers strengthening as outlined – 3 x weekly 8-12 reps per set <input type="checkbox"/> PNF patterns <input type="checkbox"/> Plyometrics <input type="checkbox"/> Upper extremity endurance training, upper body ergometer
	SPORT SPECIFIC TRAINING	<input type="checkbox"/> Progressive, systematic interval program for returning to sports <input type="checkbox"/> Overhead athletes not before 6 months

\*Maximum improvement is expected by 12 months