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PHYSICAL THERAPY PROTOCOL FOR POSTERIOR SHOULDER STABILIZATION AND TYPE VIII SLAP REPAIR

The physical therapy rehabilitation program following shoulder posterior subluxation/dislocation surgical repair will vary in length depending on factors such as:

- Degree of shoulder instability/laxity
- Acute versus chronic condition
- Length of time immobilized
- Strength/range-of-motion status
- Performance/activity demands

0-6 WEEKS POST SURGERY (Patient Responsibility)

Range of motion exercises should be performed starting the day after shoulder surgery; exercises are to be done **3 - 4 times a day, 15 repetitions each.** The sling may or may not need to be removed to exercise (depending on the brand). A portion of the exercise program requires the assistance of a friend or a family member. This period of limited activity is critical for the healing of the soft tissues and promotion of a stable shoulder.

3-6 WEEKS POST SURGERY (Formal Physical Therapy)

1. Patient must continue to wear sling with abductor pillow.
2. Use of modalities as needed (heat, ice, electrotherapy).
3. Continue active range-of-motion exercises. Add range-of-motion exercises for shoulder internal rotation as needed.
4. Add active-assistive range-of-motion exercises (i.e., wand exercises).
5. Add gentle joint mobilization as needed.
6. Shoulder shrug exercises.
7. Isometric internal and external rotation with arm at side and elbow flexed at 90° may be added according to the patient's tolerance.

   Note: The shoulder position may be adjusted to allow a pain free muscle contraction to occur.

   Isometric shoulder flexion and extension may be added as needed.
8. As strength improves, active external rotation may be added. Use surgical or rubber tubing for resistance. If there is pain with active movements, continue with isometric

Strengthening.

9. **Active horizontal abduction – lying prone. Restrict movement from 45° of horizontal** adduction to full horizontal abduction to avoid excessive stress to the posterior capsule.

6-8 WEEKS POST SURGERY

1. Discontinue shoulder sling and abductor pillow.
2. Continue range-of-motion exercises. May add wall climbs for shoulder flexion and abduction.
3. Continue mobilization as needed.
4. As strength improves progress to free weights for external rotation in prone lying position with arm abduction to 90° or side-lying with arm at side.
    - **Prone:** Perform combined movements of horizontal abduction followed by external rotation to protect the posterior capsule.
    - **Side-lying:** Limit the degrees of internal rotation to protect the posterior capsule.
5. Add supraspinatus exercises if movement is pain free and adequate range-of-motion is available (0°-90°). Shoulder is positioned in the scapular plane approximately 20°-30° forward of the coronal plane.
6. Add active internal rotation using free weights. Movement is performed supine with the arm at the side and the elbow flexed at 90°.
7. Active shoulder flexion through available range-of-motion.
8. Active shoulder abduction to 90°.

2-3 MONTHS POST SURGERY

1. Continue range-of-motion and mobilization, as needed. Patient should have full passive and active range-of-motion.
2. Add shoulder stretch (i.e., anterior cuff/capsule or posterior cuff/capsule) as needed.
3. Add push-ups (after 3 months). Movement should be pain free with emphasis on protecting the posterior joint capsule. Shoulders are positioned in 80° to 90° of abduction. ***Caution is applied during the ascent phase of the push-up to avoid excessive stress to the posterior capsule. Do not raise the body beyond the scapular plane.*** Begin with wall push-ups. As strength improves, progress to floor push-ups (modified - hands and knees or military - hands and feet), as tolerated by the patient.
4. Continue isotonic strengthening with emphasis on the rotator cuff and posterior deltoid.
5. Active internal rotation using surgical or rubber tubing may be added. Range of movement may be limited to avoid excessive stress to the posterior joint capsule.
6. Proprioceptive neuromuscular facilitation (PNF) upper extremity patterns may be added. Emphasis is on the flexion/abduction/external rotation diagonal.

    - **Starting Position:** Caution is applied to protect the posterior capsule from excessive stress. Adjustments are made by starting one-quarter of the way in the diagonal.
    - **Range-of-Movement:** Movement will be limited to the latter three-quarter range in the diagonal to full flexion/abduction/external rotation.

7. Horizontal abduction may be performed through an increased range (starting position at 90° of horizontal adduction as tolerated).

4 MONTHS POST SURGERY

1. Continue to progress weights, as tolerated (i.e., rotator cuff, horizontal abduction/adduction, flexion, abduction, etc.). Emphasis may be placed on the eccentric phase of contraction in strengthening the rotator cuff.
2. Active horizontal adduction may be added.
3. Add arm ergometer for endurance exercises.
4. Isokinetic strengthening and endurance exercises (high speeds – 200+ degrees/second) for shoulder internal/external rotation (arm at side) and horizontal abduction may be added. Prerequisite strength requirements of the rotator cuff are 5-10 pounds for external rotation and 15-20 pounds for internal rotation. The shoulder should be pain free and have no significant amount of swelling.
5. Initiate **Interval Throwing Program Phase I*** for throwing athletes (specific nine-month program for pitchers and for infielders, outfielders and catchers).

*__Complete Throwing Program__ booklet will be provided through this office.

5 MONTHS POST SURGERY

1. Isokinetic Test. Perform isokinetic strength and endurance test for the following suggested movement patterns: internal/external rotation (arm at side), horizontal abduction, and abduction/adduction.
2. Continue to progress isotonic and isokinetic exercises.
3. Continue to emphasize the eccentric phase in strengthening the rotator cuff.
4. Isokinetic exercises for shoulder flexion/extension and abduction/adduction may be added.
5. Add military press. Press the weight directly over or behind the head with low weights.
6. Continue arm ergometer.
7. Add total body conditioning with emphasis on strength and endurance. Include flexibility exercises as needed.
8. Continue **Interval Throwing Program**.

6 MONTHS POST SURGERY

1. Isokinetic Test. The second isokinetic test for shoulder internal/external rotation, horizontal abduction/adduction, and abduction/adduction is administered. For internal/external rotation, the shoulder may be tested in the functional position (80° to 90° of abduction). Test results for internal/external rotation and horizontal abduction should demonstrate at least 80% strength and endurance (as compared to the uninvolved side) before proceeding with exercises specific to the activity setting.
2. Continue total body conditioning program with emphasis on the shoulder (rotator cuff, posterior deltoid).
3. Skill Mastery. Begin practicing skills specific to the activity (work, recreational activity, sports, etc.).
4. Continue **Interval Throwing Program**.

7-8 MONTHS POST SURGERY

1. Add other endurance activities (i.e., jogging, biking) to the total body conditioning program.
2. Continue stretching and strengthening exercises to the wrist, elbow, and shoulder.
3. Chin-up exercises.
4. Swimming may be added as part of the exercise program (the butterfly stroke is not recommended).
5. Continue **Interval Throwing Program**.

9 MONTHS POST SURGERY

1. Completion of **Interval Throwing Program** (*Phase I, II & III for pitchers; Phase I & II for infielders, outfielders and catchers*)
2. Clearance for return to sports by physician.

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