

Plymouth

Posterior Shoulder Stabilisation Rehabilitation Protocol

Phase	1. Protection & Education
Time Frame	0 to 6 weeks post procedure
Key Goals	<ul style="list-style-type: none"> • Protection of surgical repair • Minimise shoulder pain & inflammation • Patient understanding of appropriate post-operative management and restrictions • Range of Movement (ROM) goals: At 6 weeks post procedure restoration of a comfortable passive and active assisted range of movement, with the affected shoulder, equal to 90° of elevation (abduction/scaption).
Avoid	<ul style="list-style-type: none"> • Any activity or exercise which require internal rotation, adduction or horizontal adduction beyond neutral with the affected shoulder • Any forceful or painful activities involving the affected shoulder • Active Range of Movement (AROM) exercises involving the affected shoulder • Elevation of the shoulder above 90° • Pendular swinging exercises during the first 6 weeks
Interventions	<p>For the first 3 weeks post procedure the affected arm should remain in the sling/brace with the exception of hygiene and dressing. During this period.</p> <ul style="list-style-type: none"> • Introduce Active Range of Movement (AROM) exercises for elbow, wrist and hand of affected side • Introduce AROM exercises for the neck <p>At 3 weeks post procedure continue with exercises above and include:</p> <ul style="list-style-type: none"> • Passive/Active Assisted ROM (AAROM) exercises involving the affected side. Undertake elevation of the shoulder through scaption or abduction up to 90°. Undertake with the shoulder in a mid-range of rotation (Full Can position). Passive/active assisted external rotation within a comfortable range. <u>Avoid internal rotation, horizontal adduction and adduction beyond neutral.</u> • Introduce sub-maximal isometric activity for the Rotator Cuff with the shoulder <u>in a neutral position of rotation (0° of internal/external rotation)</u>. Educate patient to undertake isometric internal rotation without activity of pectoralis major and latissimus dorsi muscles. • Introduce scapular setting exercises
Notes	<ul style="list-style-type: none"> • The patient may wean from the brace/sling at 6 weeks post procedure

Phase	2. Control through Range
Time Frame	From 6 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • Minimal pain 0 – 3/10 on Numerical Pain Rating Scale (NPRS) • ROM goals achieved for stage 1
Key Goals	<ul style="list-style-type: none"> • ROM Goals: At 12 weeks post procedure the patient should aim to achieve a comfortable passive and active range of movement comparable to that of the unaffected side (within normal limits). With the exception of hand behind the back and horizontal adduction.
Avoid	<ul style="list-style-type: none"> • Any forceful activity or stretching into flexion, horizontal adduction or internal rotation • Any other painful stretching of the affected shoulder • Any forceful or uncomfortable axial load through the affected upper limb.
Interventions	<ul style="list-style-type: none"> • Continue with PROM/AAROM exercises include shoulder flexion, internal rotation and horizontal adduction through range as comfortable. • Introduce Active Range of Movement (AROM) Exercises involving the affected shoulder including flexion, internal rotation and adduction/horizontal adduction through range as comfortable. <u>Avoid placing hand behind back or combined internal rotation with elevation until 8 weeks post procedure.</u> • Commence an isotonic Rotator Cuff Strengthening programme. Strengthening should involve low resistance with high repetition. Educate the patient to avoid overactivity of the pectoralis major and latissimus dorsi muscles. <u>Avoid strengthening with combined internal rotation in elevation until 8 weeks post procedure.</u> • Progress Scapular Recruitment exercises with emphasis on scapular retractors and upward rotators. • Monitor and promote appropriate shoulder girdle mechanics during exercises and activities of daily living (ADLs) • Commence Neuromuscular Retraining/Proprioceptive exercises for the shoulder. <u>Do not allow closed chain weight bearing exercises until 8 weeks post procedure.</u> Commence closed kinetic chain/weight bearing exercises on a waist height surface progressing to the shoulder elevated to 90° against a wall during this phase. • Introduce Cervical and Thoracic Spine Mobility exercises • Introduce Core Stability exercises if indicated (important for patients with generalised low tone) including postural awareness

Phase	3. Strength & Endurance
Time Frame	From 12 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • ROM goals set out in phase 2 have been achieved • Strengthening and ROM exercises are being undertaken without pain
Key Goals	<ul style="list-style-type: none"> • Restoration of ROM with the affected shoulder which enables the patient to undertake their usual daily activities without discomfort or limitation • Prepare the patient for return to usual ADLs. • Prepare patient to commence work, sport and recreational activity specific training
Avoid	<ul style="list-style-type: none"> • Any painful exercises, activities or stretches
Interventions	<ul style="list-style-type: none"> • Progress rotator cuff strengthening and endurance exercises with the shoulder through range into positions <u>including exercises with the shoulder in positions of internal rotation and horizontal adduction.</u> • Undertake strengthening of the Posterior Deltoid. • Progress neuromuscular control/proprioceptive exercises through range. Include weight bearing exercises on floor starting in 4-point kneeling. Progress as able to unstable surfaces/3-point kneeling. • Introduce general strengthening for the affected upper limb. Where possible target muscle groups as required for work/sport or recreation. • Undertake exercises that incorporate the kinetic chain and core control. • Undertake stretching into flexion and external rotation where range is limited. Allow controlled restoration of internal rotation & horizontal/cross body adduction through exercises and daily activities. <u>Avoid targeting posterior shoulder stretches (internal rotation/adduction/horizontal adduction) unless a restriction in range is limiting necessary function.</u>

Phase	4. Return to Function/Sport
Time Frame	From 18 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • No pain at rest or with exercises • No sensation of instability with exercises and activities • A sufficient ROM, comparable to the unaffected side, without inappropriate shoulder girdle mechanics • The patient must demonstrate confidence, control and endurance with shoulder through range including into an internally rotated and/or horizontally adducted shoulder position with the affected shoulder • The patient must have rotator cuff strength comparable to the unaffected side upon testing internal and external rotation through range • The patient must be comfortable and demonstrate confidence in weightbearing through the affected side in 4-point kneeling/press-up position
Key Goals	<ul style="list-style-type: none"> • Facilitate the patient's return to usual ADLs and recreational activities including sport
Avoid	<ul style="list-style-type: none"> • Any forceful or painful stretching of the posterior shoulder
Interventions	<ul style="list-style-type: none"> • Introduce functionally relevant and sports specific exercises/drills • Patient may gradually return to non-contact sports and activities including throwing, swimming and overhead racquet program as required • Plyometric exercises may be gradually introduced <u>only as necessary</u>. Perform no more than 3 times per week. Emphasis on quality not quantity
Notes	<ul style="list-style-type: none"> • The patient must not return to contact/collision activities or sports for a minimum of 6 months post stabilisation.