

Posterior Shoulder Instability Surgical Repair (PCLR) Post Operative Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

This procedure is normally the result of extreme laxity in the posterior capsule requiring surgical intervention to shrink the area. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an PCLR, the patient should avoid placing stress on the posterior joint capsule.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic PCLR requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Phase 1: Week 1 – 3

Goals

- Promote healing of tissue
- Gradual increase in ROM
 - Internal Rotation: 0-30° wk 3
 - External Rotation: as tolerated
 - Flexion/Elevation: as tolerated
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

ROM

- Passive to AAROM—in scapular plane
- Internal Rotation
- External Rotation
- Passive to AAROM
- Flexion/Elevation
- Pendulum exercises
- Wand exercises—all planes within limitation
- Rope/Pulley (flex, scaption)
- Active elbow flexion/extension
- Manual stretching and Grade I–II joint mobs

STRENGTH

- Initiate submaximal/pain free isometrics—all planes
- Grip strengthening with putty or ball

BRACE

- Brace for 4 weeks or as noted by Dr. Anderson
- Brace removed to perform exercises above

MODALITIES

- E-stim as needed
- Ice 15–20 minutes

Phase 2: Week 3 – 6

Goals

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics
- Discontinue brace at week 4

ROM

- Continue with ROM activities from previous phase
- **NO LIMITATIONS** on IR—avoid extreme end range IR or adduction

- Wand exercises—all planes
- Rope/Pulley (flex, abd, scaption)
- Manual stretching and Grade II–III joint mobs

STRENGTH

- Initiate UBE for warm–up activity
- Initiate IR/ER at neutral with tubing
 - ✓ Perform IR from full ER to neutral
 - ✓ Perform ER from neutral to full ER
- Initiate forward flexion, scaption, empty can
- Prone horizontal abduction—limit to 45° of horizontal ADD
- Sidelying ER
- Bicep and tricep strengthening
- Initiate scapular stabilizer strengthening
- Rhythmic stabilization in PNF patterns

MODALITIES

- Ice 15–20 minutes

Phase 3: Week 6 – 16

Goals:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics

ROM

- Continue all ROM activities from previous phases
- Posterior capsule stretch
- Towel internal rotation stretch
- Manual stretching and Grade II–III joint mobs to reach goal

STRENGTH

- Continue all strengthening from previous phase increasing resistance and repetitions
- UBE for strength and endurance
- Initiate isokinetic IR/ER at 45° abduction at high speeds
- Progress push–up from wall, to table, to floor
- Initiate ER with 90° abduction with tubing
- Progress overhead plyotoss for dynamic stabilization
- Progress rhythmic stabilization throughout range of motion
- Initiate lat pulldowns, military press, and bench press
- Progress PNF to high speed work
- Initiate plyoball figure 8 stabilizations

MODALITIES

- Ice 15–20 minutes