

REHABILITATION AFTER POSTERIOR RECONSTRUCTION

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

1. Degree of shoulder instability / laxity
2. Acute versus Chronic condition
3. Length of time immobilized
4. Strength / Range of Motion status
5. Performance / Activity demands

Weeks 0-3

- The patient is immobilized in a DonJoy S.C.O.I Brace during the initial 3 weeks post surgery
- Brace is to be worn 24 hours a day for one week.
- Beginning POD #7, patient may remove brace for 30 minutes/day to shower/bathe and then to immediately back into the brace.
- Ball squeezes

Weeks 3-6

- Patient no longer required to wear the brace
- Use of modalities as needed (heat, ice, electrotherapy)
- Begin gentle passive range of motion exercises in all directions **EXCEPT;**
- **no cross body adduction and being gentle with internal rotation.**
- Add active-assistive range of motion exercises (i.e., wand exercises) with same precautions
- Add gentle joint mobilization as needed
- Shoulder shrug exercises
- 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.
- Active horizontal abduction - lying prone. Restrict movement from 45° of horizontal adduction to full horizontal abduction to avoid excessive stress to the posterior capsule.

Weeks 6-8

- Continue passive and active-assistive range of motion exercises. May BEGIN gentle cross body adduction. May add wall climbs for shoulder flexion and abduction
- Continue mobilization as needed
- Okay to begin elastic resistance exercises for internal and external rotation.
- Okay to begin UBE comfortably at 60 RPM
- Add supraspinatus exercise 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.
- Add active internal rotation using free weights. Movement is performed side-lying with the arm at side and elbow flexed at 90°.
- Active shoulder flexion through available range of motion
- Active shoulder abduction to 9 as tolerated.

Weeks 8-12

- Continue ROM and mobilization (as needed). Try to achieve full passive and active range of motion by 12 weeks post-op.
- Advance as tolerated.
- Continue isotonic strengthening with emphasis on the rotator cuff and posterior deltoid.
- 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 1/4 of the way in the diagonal.

Weeks 12-16

- Continue to progress strengthening 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. Okay to begin weight training in gym as tolerated. Go slowly on exercises that stress posterior capsule ie. flat bench and military press, push ups, etc.
- Active horizontal adduction may be added.

Weeks 16-24

- Should have full ROM
- Continue total body conditioning program with emphasis on the shoulder (rotator cuff, posterior deltoid).
- Skill mastery. Begin practicing skills specific to the activity (work, recreational activity, sports, etc.). **For example, throwing athletes (e.g. pitchers) may proceed to throwing program.**