

Posterior Stabilization Protocol



Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Frequency: _____ times per week | Duration: _____ weeks

Weeks 0-3:

- » Sling in neutral rotation for 3 weeks (padded abduction sling)
- » Elbow, wrist, hand ROM
- » Grip strengthening

Weeks 3-6:

- » Restrict to FF 90°/IR to stomach PROM → AAROM → AROM
- » ER with arm at side as tolerated
- » Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- » Start scapular motion exercises (traps/rhomboids/lev. scap/etc)
- » No cross-arm adduction, follow ROM restrictions
- » Heat before treatment, ice after treatment per therapist's discretion

Weeks 6-12:

- » Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- » Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- » Only do strengthening 2-3x/week to avoid rotator cuff tendonitis

Months 3-12:

- » Advance to full ROM as tolerated
- » Begin eccentrically resisted motions, plyometrics (e.g., weighted ball toss), proprioception (e.g., body blade)
- » Begin sports related rehab at 3 months, including advanced conditioning
- » Return to throwing at 4 ½ months
- » Push-ups at 4 ½ - 6 months
- » At 6 months, return to full-duty work responsibilities and/or sports participation

Additional:

- ☐ Teach HEP ☐ Work Hardening/Work Conditioning ☐ Functional Capacity Evaluation

Modalities:

- ☐ Ice or cryotherapy before/after ☐ Heat before/after ☐ Electric Stimulation ☐ TENS ☐ Ultrasound
- ☐ Trigger points massage ☐ Dry needling ☐ Therapist's discretion

Signature: _____ Date: _____

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