



## **Posterior Stabilization/MDI (Capsulorrhaphy with or without Labral repair) Postoperative Shoulder Protocol**

**Bart Eastwood D.O.  
250 South Main St.  
Suite 224A  
Blacksburg, VA 24060  
540-552-7133**

### **Basic Guideline:**

1. Shoulder immobilizer worn in gunslinger position for 4-6 weeks, neutral for MDI
2. Avoid forward flexion for 3 weeks
3. No internal rotation movements past neutral for 3 weeks
4. Limit active motions to scapular plane or abduction, with bias toward external rotation
5. Avoid horizontal adduction for 6 weeks
6. Begin active internal rotation in scaption at 3 weeks and reaching behind at 6 weeks.

### **PHASE I: ACUTE PHASE (0-4 Weeks)**

#### Range of Motion:

Immobilizer in ER (gunslinger) at all times for posterior repair, neutral position for MDI  
AAROM in scaption with elbow at 90° with food scapular control  
Closed chain bowing and pendulums  
Passive towel slides or chair roll with elbow at 90° in scaption and ABD  
ER as tolerated, avoid IR fro posterior stabilizations  
Elbow and wrist flexion/extension  
Codman's for shower to wash axilla  
Soft tissue work by PT (especially anterior structures, thoracic mobilization and postural education)  
OK to use hand from eyes to thighs

#### Strength:

Focus on correct scapular position, may have to manually cue patient  
Sternal lift, scapular squeeze (retraction/depression) and scapular clocks  
Lawnmower starts  
Basic lumbopelvic and core strengthening (step-ups, lunges, grid lunges, etc in sling)  
Gentle active humeral head depression (ball/table)  
Isometric extension (low row)

#### Cardiovascular:

Treadmill, recumbent bike, stair master and elliptical trainer with sling



## **Posterior Stabilization/MDI (Capsulorrhaphy with or without Labral repair) Postoperative Shoulder Protocol**

### **PHASE II: RECOVERY PHASE (4-8 Weeks)**

#### Range of Motion:

Discontinue sling at 4-6 weeks except for crowds/school  
AAROM/AROM for scaption at ER in scaption. Start FF at 6 weeks  
Towel slides and closed chain bowing with trunk rotation (FF, ABD, scaption and horizontal ABD)  
No horizontal ADD  
Pendulums  
Swiss ball rolls, advance to ball/wall rolls  
Assisted wall slides

#### Strength:

Continue and progress scapular stabilization program  
Advance kinetic chain strengthening. Adding reach and punch in scaption with lunges (fencing)  
Closed chain inferior humeral head glide at 90°  
Ball table rolls to ball wall rolls  
Weight bearing table rocking (weight shifts: lateral, forward, back, diagonals)  
Bilateral rubber tubing in ER with cervical spine in neutral  
One arm pull downs with tubing  
Isometric low row, rowing and lawnmowers all with tubing  
Standing pivot prone and prone pivot prone (robbery)  
Scapular and short range GH PNF patterns  
Walls walks  
Closed chain scapular retraction push up wall/table  
Closed chain wall slides forearms on wall  
Isometric wall angels in scaption at 30°/60°/90° (full ABD for posterior stabilizations)

#### Cardiovascular:

Same as protective phase without sling as tolerated

### **PHASE III: FUNCTIONAL PHASE (8-12 Weeks)**

## **Posterior Stabilization/MDI (Capsulorrhaphy with or without Labral repair) Postoperative Shoulder Protocol**

### Range of Motion:

- Reestablish normal scapulohumeral rhythm in all planes
- AROM/AAROM in all planes to regain full ROM
- Posterior stabilizations avoid horizontal ADD and IR behind back
- Prayer stretch
- Passive stretch: especially pecs, lats, IR, ER
- Increased soft tissue work PRN (pecs, lats, subscap)
- Joint mobilization PRN
- Posterior capsule/cuff stretch PRN (GIRD sleeper stretch)
- Wall washe

### Strength:

- Scapular control optimized
- Progress full kinetic chain lumbopelvic/scapulothoracic/glenohumeral program
- Reverse corner push-ups below 90° elevation
- Closed chain scapular retraction in push up position from table to floor
- Lat pull downs progress from tubing to weights
- Weight shifting: all 4's to floor progression
- Closed chain perturbations
- Side lying ER, prone ER
- Scaption raises
- Full range PNF patterns
- PNF patterns with theraband (stand, sit, prone on swiss ball)
- Seated rows with hip and lumbar flexion
- Pail dumps
- Add core stabilization to standing exercises and Progress single leg→2 legs on bubble→1 leg on bubble

### Cardiovascular:

- Progress to impact (jogging at 3 months)
- Cross country ski machine
- Swim at 3 months if ROM and scapular mechanics are normal

## **PHASE IV: PERFORMANCE PHASE (12-24 Weeks)**

### Range of Motion:

- ROM shoulder be full or near full
- Soft tissue work, joint mobilizations, stretching PRN
- Corner stretch, doorway stretch, GIRD side lying posterior capsule at 70°/90°/120° elevation PRN



## **Posterior Stabilization/MDI (Capsulorrhaphy with or without Labral repair) Postoperative Shoulder Protocol**

### Strength:

Weight shifting: floor progression

Single arm rows and pull down progression-rotation to same side, hip/knee flexion to same side, hip/knee flexion/rotation to same side, 2 legs on bubble→1 leg on bubble

Push up progression (Table→floor on knees→abdominals on swiss ball→thighs on swiss ball→ankles on swiss ball)

Swiss ball weight shifting

Swiss ball walk outs on hands progression

Bilateral ER with theraband weight bearing on elbows

Bilateral rows and pull downs

Iron cross and snatch with theraband

Add weights to step up, step down, lunge with reach and punch series

Add weights to cuff specific exercises

Mock throwing or tennis strokes→to theraband→to weights

Plyoball progression

Ball bounce on wall→single and double arm

Open chain perturbations

Sport or work specific drill for endurance, quickness, agility, strength, and power

Sport specific movement patterns (ex: swimmers prone, divers with swiss ball overhead against ceiling, step down/lunge series)

Postoperative Shoulder Protocol (8/11) Written by Ben Rubin, M.D.