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Arthroscopic Posterior Shoulder Stabilization

Protection Phase (0-6 weeks):

Precautions

- Postoperative brace (typically gunslinger type) in 30-45° abduction, 15° external rotation for 4-6 weeks
- Brace to be worn at all times (even when sleeping) with the exception of exercise activity and bathing
- No overhead activity
- No flexion for first 6 weeks

Goals:

- Allow/promote healing of repaired posterior capsule
- Initiate early protected ROM
- Retard muscular atrophy
- Decrease pain and inflammation

Weeks 0-4

Exercises

- Gripping exercises with putty
- Active elbow flexion-extension and pronation-supination
- Active ROM cervical spine
- Passive ROM progressing to active-assisted ROM of GH joint
 - o External rotation to 25-30° at 30-45° of abduction
 - o Internal rotation to 15-25° at 30-45° of abduction (begin week three)
- Submaximal pain free shoulder isometrics in the plane of the scapula
 - o Flexion
 - o Abduction
 - o Extension
 - o External rotation

Avoid IR at this point

Cryotherapy: Ice after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.

Weeks 4-6

Goals

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain and inflammation

Range of motion exercises

- Active-assisted exercises of GH joint
- External rotation in multiple planes of shoulder abduction (up to 90°)
- Shoulder flexion to tolerance

- Elevation in the plane of the scapula to tolerance
- Shoulder abduction (pure) to 90°
- Internal rotation 35° at 45° of abduction
- Pulleys (AAROM)
- Shoulder elevation in the plane of the scapula to tolerance
- Shoulder flexion to tolerance
- **Gentle** self-capsular stretches as needed/indicated

Gentle Joint Mobilization to Reestablish Normal Arthrokinematics

- Scapulothoracic joint
- GH joint (avoid posterior glides)
- SC joint
- AC joint **AROM Exercises**
- Active abduction to 90°
- Active external rotation to 90°
- IR to 35°

Strengthening Exercises

- Elbow/wrist progressive resistive exercise program **Conditioning Program For**
- Trunk
- Lower extremities
- Cardiovascular endurance **Decrease Pain and Inflammation**
- Ice and modalities prn **Brace**
- Discontinue 6 weeks post surgery per physicians instruction

Phase 2: Intermediate Phase (Weeks 6-12)

Goals: • Full, nonpainful ROM at week eight (patient will not have full IR at this time) • Normalize arthrokinematics • Enhance strength • Improve neuromuscular control

Weeks 6-9

Range of Motion Exercises • A/AROM to AROM as appropriate • External rotation to tolerance • Shoulder abduction to tolerance • Shoulder flexion to tolerance • Pulleys: flexion, abduction, and elevation in the plane of the scapula to tolerance • Internal rotation to no more than 40° **Joint Mobilization** • Continue as above as indicated **Strengthening Exercises** • Initiate IR isometrics in slight ER (do not perform past neutral) • Initiate theraband for internal and external rotation at 0° abduction (IR later in the phase) • Initiate isotonic dumbbell program • Shoulder abduction • Shoulder flexion • Latissimus dorsi • Rhomboids • Biceps curl • Triceps kick-out over table • Push-ups into wall (serratus anterior)

Weeks 10-12

- Continue all exercises listed above

Initiate • Active internal rotation at 90° GH abduction with elbow at 90° flexion • Dumbbell supraspinatus • Theraband exercises for rhomboids, latissimus dorsi, biceps, and triceps • Progressive push-ups **Phase 3: Dynamic Strengthening Program (Weeks 12-18) Criteria for Progression to Phase 3** • Full, nonpainful ROM • No complaints of pain/tenderness • Strength 70% of contralateral side

Weeks 13-15

Goals • Enhance strength, power, and endurance • Enhance neuromuscular control

Emphasis of Phase 3 • High-speed/high-energy strengthening exercises • Eccentric training • Diagonal patterns Exercises • Continue internal and external rotation theraband exercises at 0° abduction (arm at side) • Theraband for rhomboids • Theraband for latissimus dorsi • Theraband for a biceps and triceps • Continue dumbbell exercises for supraspinatus and deltoid • Progressive serratus anterior push-up-anterior flexion • Continue trunk and lower extremity strengthening and conditioning exercises • Continue self-capsular stretches **Progress to:** • Isotonic shoulder strengthening exercises isolating the rotator cuff-including sidelying external rotation, prone arm raises at 0, 90 & 120°, prone external rotation, and internal rotation at 0 & 90°; progress to standing strengthening exercise once able to tolerate resistance against gravity without substitution • Progress scapulothoracic/upper back musculature strengthening exercises • Dynamic stabilization exercises • Proprioceptive Neuromuscular Facilitation (PNF) exercises

Phase 4: Return to Activity Phase (Weeks 21-28) Criteria for Progression to Phase 4 • Full ROM • No pain or tenderness • Satisfactory clinical examination **Goal** • Progressively increase activities to prepare patient for unrestricted functional return **Exercises** • Continue theraband, and dumbbell exercises outlined in phase 3 • Continue ROM exercises • Initiate interval programs between weeks 28 and 32 (if patient is a recreational athlete) • Continue strengthening exercises for scapular and rotator cuff muscles • Progress to functional activities needed for ADL's and sport