



University of Delaware  
 Physical Therapy Clinic  
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**Rehab Practice Guidelines for:  
 Posterior Capsular Stabilization**

Primary surgery: Repair of posterior labrum and posterior band of IGH ligament  
 Secondary surgery: Anterior repair

Precautions: Avoid "high 5 / low 5" position  
 Avoid internal rotation behind the back first 12 weeks.

Notes: Patients will only be seen before 4 weeks if there are range of motion issues.

**Expected # of visits: 9-32**

| <b><u>Week 1 - 4</u></b>  | <b>Treatment</b>   | <b>Milestones</b>   |
|---|--|---|
| No formal PT<br>Use Abd. sling 24 hrs/day<br>No driving   | Ice shoulder for pain and inflammation control<br>Remove sling TID for Codman's exercises<br>Initiate isometric exercises for the shoulder and scapular retraction in sling daily  | Comfortably sleep through the night   |
| <b><u>Weeks 5-8</u></b>   |  |   |
| Begin PT<br>1-3 visits/week<br>Abd. sling use in crowds and uncontrolled situations<br>D/C use of sling after 6 weeks<br><br><b>TOTAL VISITS      3-9</b> | Modalities for pain and inflammation control as needed<br>Incision mobilization<br>AROM/AAROM exercises in all planes to restrictions stated in milestones. Start gravity minimized.<br>Initiate isometric strengthening out of sling<br>Initiate scapular control exercises | No hypomobility or hypersensitivity of the scars<br>AROM:<br>IR: Per MD restrictions in 45° of elevation (plane of scapula)<br>Horiz ADD: Per MD<br>ER: 20° in 45° of elevation (plane of scapula)<br>Flex: 70° pure plane<br>Abd: 50° pure plane<br>Ext: in line with the body |

|  |  |   |
|--|--|---|
| <p><b><u>Weeks 9-12</u></b></p> <p>1-3 visits/wk</p> <p><b>TOTAL VISITS      6- 18</b></p>               | <p>Modalities for pain and inflammation control as needed</p> <p>Incision mobilization</p> <p>Test glenohumeral accessory motions<br/> <i>if hypomobile</i> - Rx: grade III/IV mobilizations – posterior mobs performed shortened position.<br/> <i>if normal mobility</i>- Rx: grade I/II mobilizations for pain control and to prevent adhesions</p> <p>AROM/AAROM exercises in all planes only to restrictions stated in milestones</p> <p>Isometric strengthening to isotonic exercise</p> <p>Initiate scapular control exercises</p> <p>Initiate rhythmic stabilization</p> | <p>AROM:</p> <p>IR: 40° in 90° of elevation (plane of scapula); To stomach at 0° elevation</p> <p>Horiz ADD: 20°</p> <p>ER: 45° in 90° of elevation (plane of scapula)</p> <p>Flex: 140° pure plane</p> <p>Abd: 70° pure plane</p> <p>Ext: 10° past midline</p> |
| <p><b><u>Weeks 12-15</u></b></p> <p>1- 2 visits/wk</p> <p><b>TOTAL VISITS      9-24</b></p>              | <p>Initiate PROM in all planes as needed.</p> <p>Progress strengthening</p> <p>Initiate Isokinetics for RC in neutral - 30° elevation</p> <p>Initiate dynamic stabilization</p>  | <p>ROM:</p> <p>IR: When 60° achieved hold progressing</p> <p>Horiz. Add: When 30° achieved hold progressing</p> <p>ER: When 70° achieved hold progressing. If a thrower stop at 90°.</p> <p>Flex/Abd: Full ROM</p>  |
| <p><b><u>Weeks 16-24</u></b></p> <p>Physical therapy is as needed for sport/work specific activities</p> | <p>Progress Strengthening</p> <p>Initiate bilateral plyometrics</p>  | <p>Strength: 5/5 all shoulder motions</p>   |
| <p><b><u>Weeks 21-24</u></b></p> <p>Physical therapy is as needed for sport/work specific activities</p> | <p>Initiate unilateral plyometrics</p> <p>Begin interval throwing program (if appropriate)</p> <p>Begin return to sport drills</p>   | <p>Progression of sport/work specific rehabilitation</p>  |

Return to play:

- Contact/power athlete: 9-12 months
- Non-contact athlete: 8-12 months
- Recreational Athlete: 6-9 months
- Criteria for RTP:
  - o Painfree
  - o Full ROM
  - o Bilaterally equal strength