



**Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service**

Posterior Instability Repair Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Glenohumeral instability

Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-4: Phase I

Sling Immobilizer: At all times when not doing exercises

Exercises: AROM elbow/wrist
PROM ER to 30 deg
Gripping exercises
Scapular isometrics
Pain-free, submaximal deltoid isometrics (start at week 3)
Protect posterior capsule from stretch
Limit IR and horizontal adduction to neutral
Modalities as needed

Advancement Criteria: ER to 30 deg
Minimal pain and inflammation

Weeks 4-6: Phase II

Sling Immobilizer: May discontinue sling after 4 weeks

Exercises: Active Assisted FF in scapular plane to 90 deg: wand exercises, pulleys
Active Assisted ER to 45 degrees: wand exercises
Limit IR and horizontal adduction to neutral
Pain-free, submaximal deltoid and IR/ER isometrics
Manual scapula side-lying exercises
Modalities as needed

Advancement Criteria: Minimal pain and inflammation
ER to 45 deg
FF to 120 deg
IR/ ER strength 4/5

Weeks 6-12: Phase III - Motion Phase

Exercises: Active assisted FF in scapular plane to 160 deg
Begin active FF in scapular plane if RTC and scapular strength adequate
Active assisted ER to tolerance
Begin active assisted ROM for IR w/ arm in 45 deg abduction
Scapular strengthening program, protecting posterior capsule
Begin latissimus strengthening
Deltoid and RTC isometrics, progressing to isotonic with emphasis on posterior cuff -stress eccentrics
Begin humeral head stabilization exercises if strength adequate
Begin upper extremity flexibility exercises
Isokinetic training and testing
Modalities as needed

Advancement Criteria: Normal scapulohumeral rhythm
Minimal pain and inflammation
IR/ER strength 5/5
Full upper extremity ROM
Isokinetic IR strength 85% of unaffected side

Weeks 12-18: Phase IV

Exercises: Continue full upper extremity strengthening (emphasize eccentrics)
Progress to full functional ROM
Advance IR/ER strengthening to 90/90 position if required
Continue upper extremity flexibility exercises
Isokinetic strengthening and testing
Activity-specific plyometrics program
Address trunk and lower extremity demands
Begin sport or activity-related program
Modalities as needed

Discharge Criteria:

Pain-free sport or activity-specific program
Isokinetic IR/ER strength equal to unaffected side Independent home exercise program