

Arthroscopic Posterior Stabilization Rehabilitation Protocol

The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course of a patient that has undergone an arthroscopic Posterior Stabilization procedure. It is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with Dr. Fullick.

Weeks 0-3:

- Sling in neutral rotation for 3 weeks (padded abduction sling)
- Codman exercises, elbow and wrist ROM
- Wrist and grip strengthening

Weeks 3-6:

- Restrict to FF 90°/IR to stomach →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 abduction, 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 bases
- Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weight (1-5 lbs.); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilization with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

Months 3-12:

- Advance to full ROM as tolerated

- Begin eccentrically resisted motions, plyometrics (ex: weight ball toss), proprioception (es. 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
- Full lifting. Throwers can throw from pitcher's mound at 6 months