Kevin B. Freedman, M.D.
Sports Medicine
825 Old Lancaster Rd, Suite 200
Bryn Mawr, PA 19010-3470
Phone: (800) 321-9999
Fax: (267) 479-1321

POSTERIOR STABILIZATION REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I **0 - 6 weeks**	**0-3 weeks**: None **3-6 weeks**: begin passive ROM - limit flexion to 90°; internal rotation to 45°, and abduction to 90°	Immobilized at all times (except for exercise) in flexion, abduction, and 0° of rotation	**0-3 weeks**: elbow/wrist ROM, grip strengthening **3-6 weeks**: begin passive ROM activities - Codman's, anterior capsule mobilizations
PHASE II **6 - 12 weeks**	Begin active/active-assistive ROM - passive ROM to tolerance - ROM Goals: full external rotation, 135° of flexion, 120° of abduction	Sling worn for comfort only	Continue with exercises in phase I, begin active-assistive exercises, deltoid/ rotator cuff isometrics - at 8 weeks: begin resistive exercises* for scapular stabilizers, biceps, triceps, and rotator cuff
PHASE III **12 - 16 weeks**	Gradual return to full active ROM	None	Advance activities in phase II, emphasize external rotation and latissimus eccentrics and glenohumeral stabilization, begin muscle endurance activities (upper body ergometer)
PHASE IV **4 - 6 months****	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening, begin plyometric and throwing/racquet program, continue with endurance activities, maintain ROM/flexibility
PHASE V **6 - 7 months**	Full and pain-free	None	Progress phase IV activities, return to full activity

*Utilize exercise arcs that protect the posterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in this phase

**Limited return to sports activities