



Arthroscopic Posterior Stabilization Rehabilitation Program

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Diagnosis: Right / Left Posterior Stabilization _____

Date of Surgery: _____

Weeks 0-3 (Phase I):

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

Weeks 3-6 (Phase II):

- Increase FF and internal/external rotation slowly as tolerated: PROM → AAROM → AROM
- ER with arm at side as tolerated
- Advance isometrics with arm at side – FF/ER/IR/ABD/ADD
- It should be strongly encouraged that the patient's main focus in this phase of rehabilitation is to restore range of motion and that strengthening is secondary.
- Start scapular motion exercises (traps/rhomboids/lev./scap/etc)
- No cross-arm adduction, gentle joint mobilization ok
- Heat before treatment, ice after treatment per therapist's discretion

Weeks 6-12 (Phase III):

- Progress to full active ROM without discomfort; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

Weeks 12-48 (Phase IV):

- Full AROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex. Weighted 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
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months post-op

For more information please visit: www.tsaog.com/drnuelle