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Physical Therapy Prescription – Posterior Shoulder Stabilization

MOON (Multicenter Orthopaedic Outcomes Network) Protocol

Name:	Date:
Diagnosis: R / L posterior shoulder stabilization	Date of Surgery:
Frequency: 2-3 times per week beginning 2 weeks after surgery	

WEEKS 0 – 2: Period of protection \rightarrow no therapy for the first 2 weeks

- Sling with pillow: Must wear at all times except for hygiene
- Range of Motion: No shoulder ROM allowed; elbow/wrist motion ONLY

THERAPY Phase I (Weeks 2 – 6 after surgery):

- Sling with abduction pillow: Continue for a total of 6 weeks
- Range of Motion:
 - Weeks 2-4: PROM and AAROM including FF to 90°
 - Weeks 4-6: PROM and AAROM including FF to 120°. ABD to 90°
 - No combined Abduction-IR
- **Exercises:** Begin isometrics at week 4; but no external rotation
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II (Weeks 6 - 12 after surgery):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- Range of Motion: Increase FF as tolerated, begin AROM in all planes, but to remain less than passive limits
 - Weeks 8-10: PROM/AAROM internal rotation to 30° with arm at side: and with arm in 45° of ABD
 - Weeks 10-12: Unlimited passive and active IR
- Exercises: Continue Phase I; begin resisted isometrics (no ER); begin PRE's excluding ER/IR; begin scapular stabilizers (protraction, retraction); anterior glides are okay (no posterior glides)
 - Weeks 8-10: slowly progress to resisted exercises with therabands
 - Weeks 10-12: advance PRE's to include ER/IR
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III (Weeks 12 – 24 after surgery):

- Range of Motion: Full
- Exercises: Continue Phase II, advance as tolerated
 - Posterior glides okay at week 14
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice
- Consider return to sport at 20-24 weeks pending surgeon approval

Signature:	Date: