

Posterior Shoulder Reconstruction

Dr. Hultman

Time Frame	Treatment	Goals
Post-Op Day	<ul style="list-style-type: none"> -Removal of dressings, change if needed. -Cryotherapy and education in signs of infection <p>HEP: Hand/elbow/wrist ROM, light scapular retraction, pendulums</p>	<ul style="list-style-type: none"> -Independent in conservative management, HEP, and cryotherapy
Phase I 0-4 weeks	<ul style="list-style-type: none"> -Patient to be immobilized 24 hours/day. Removed only for dressing and bathing -Cryotherapy for pain and swelling -NO abduction with IR <p>HEP: Light isometrics in immobilizer</p>	<p>ROM:</p> <ul style="list-style-type: none"> -90° of flexion/abduction -0° of internal rotation
Phase II 4-12 weeks	<ul style="list-style-type: none"> -Initiate PROM/AROM <p>HEP: pendulums, wand and wall climb, flexibility stretches (door, towel, general),</p> <p>Progress into:</p> <ul style="list-style-type: none"> -PRE's, shoulder girdle isometrics, Theraband exercises, scapular stabilization, free-weights for RTC strength (standing flexion, extension, abduction; side lying ER, supine IR) 	<ul style="list-style-type: none"> -Full ROM by end of phase III -Assess scapular strength deficits and address
Phase III 3-6 months	<ul style="list-style-type: none"> -Functional return of patient to prior level of function <p>Progress:</p> <ul style="list-style-type: none"> -Increase weights as tolerated -Modified free weights (towel bench, military, lat pull downs, curl bar) -Initiate sport specific functional exercises 	<ul style="list-style-type: none"> -DC when patient has achieved 85% strength isokinetic ally and/or completed functional progression -Biodex testing