



## Christopher Kim, MD, Scott G. Kaar, MD

Department of Orthopaedic Surgery  
Sports Medicine and Shoulder Service

### Posterior Instability Repair Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Glenohumeral instability

Frequency: 2-3 visits/week Duration: 4 months

#### Weeks 1-4: Phase I

Sling Immobilizer: At all times when not doing exercises

Exercises: AROM elbow/wrist  
PROM ER to 30 deg  
Gripping exercises  
Scapular isometrics  
Pain-free, submaximal deltoid isometrics (start at week 3)  
Protect posterior capsule from stretch  
Limit IR and horizontal adduction to neutral  
Modalities as needed

Advancement Criteria: ER to 30 deg  
Minimal pain and inflammation

#### Weeks 4-6: Phase II

Sling Immobilizer: May discontinue sling after 4 weeks

Exercises: Active Assisted FF in scapular plane to 90 deg: wand exercises, pulleys  
Active Assisted ER to 45 degrees: wand exercises  
Limit IR and horizontal adduction to neutral  
Pain-free, submaximal deltoid and IR/ER isometrics  
Manual scapula side-lying exercises  
Modalities as needed

Advancement Criteria: Minimal pain and inflammation  
ER to 45 deg  
FF to 120 deg  
IR/ ER strength 4/5

## **Weeks 6-12: Phase III - Motion Phase**

Exercises: Active assisted FF in scapular plane to 160 deg  
Begin active FF in scapular plane if RTC and scapular strength adequate  
Active assisted ER to tolerance  
Begin active assisted ROM for IR w/ arm in 45 deg abduction  
Scapular strengthening program, protecting posterior capsule  
Begin latissimus strengthening  
Deltoid and RTC isometrics, progressing to isotonic with emphasis on posterior cuff -stress eccentrics  
Begin humeral head stabilization exercises if strength adequate  
Begin upper extremity flexibility exercises  
Isokinetic training and testing  
Modalities as needed

Advancement Criteria: Normal scapulohumeral rhythm  
Minimal pain and inflammation  
IR/ER strength 5/5  
Full upper extremity ROM  
Isokinetic IR strength 85% of unaffected side

## **Weeks 12-18: Phase IV**

Exercises: Continue full upper extremity strengthening (emphasize eccentrics)  
Progress to full functional ROM  
Advance IR/ER strengthening to 90/90 position if required  
Continue upper extremity flexibility exercises  
Isokinetic strengthening and testing  
Activity-specific plyometrics program  
Address trunk and lower extremity demands  
Begin sport or activity-related program  
Modalities as needed

### Discharge Criteria:

Pain-free sport or activity-specific program  
Isokinetic IR/ER strength equal to unaffected side Independent home exercise program

### Concerns or questions:

**Meghan** (clinical nurse – Dr. Kaar) at **(314) 977-1082** / email: **meghan.gehrs@health.slu.edu**  
**Julia** (clinical nurse specialist – Dr. Kim) at **(314) 577-8524** / email: **santiagoja@slu.edu**  
General office at (314) 256-3850 (SLUH South Campus Clinic); (314) 977-1050 (St Mary's Clinic);  
Cardinal Glennon (314) 577-5640

**Physician Signature:**