

ROBERT C. GRUMET, MD

POSTERIOR STABILIZATION +/- SUTURE CAPSULORRHAPHY PROTOCOL FOR TRAUMATIC POSTERIOR INSTABILITY

Name _____ Date _____

Diagnosis _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 1-6:

- AROM only to regain FF and ER at side as tolerated
- IR/ADD limited to stomach or active cross-body adduction without pain
- IR in ABD permitted if active only
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc)
- No passive motion of posterior capsule
- Physical modalities per PT discretion

_____ Weeks 6-12:

- Increase posterior capsule ROM gently (AROM)
- Advance strengthening as tolerated: isometrics → bands → weights; 10 reps/1 set per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis

_____ Months 3-12:

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics, proprioception, body blade, and closed chain exercises at 16 weeks.
- Continue sports/throwing at 6 months post-op
- MMI is usually at 12 months post-op

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS _____ Heat before/after

_____ Ice before/after _____ Trigger points massage _____ Other _____ Therapist's discretion

Signature _____ Date _____

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