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Posterior Stabilization Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: _____ times per week | Duration: _____ weeks

Weeks 0-3:

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

Weeks 3-6:

- Restrict to FF 90°/IR to stomach PROM → AAROM → AROM
- ER with arm at side as tolerated
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev. scap/etc)
- No cross-arm adduction, follow ROM restrictions
- Heat before treatment, ice after treatment per therapist's discretion

Weeks 6-12:

- Increase ROM to within 20° of opposite side; 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

Months 3-12:

- Advance to full ROM 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

Posterior Stabilization Protocol (cont'd)

Comments:

Additional:

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: _____