Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
A member of HealthTexas Provider Network

Manoj P. Reddy, MD
Sports Medicine & Shoulder Surgery
Orthopedic Associates of Dallas
469.800.7200 office | 469.800.7210 fax
DallasOrtho.com | ReddyOrtho.com

Posterior Shoulder Instability

NON-OPERATIVE REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Pain controlled; motion improving*	Pendulums, pulley and cane motion: flexion, abduction, ER. Avoid internal rotation and reaching across the body*	Sling for comfort only, if needed	Gentle isometrics (flexion, abduction, extension, ER), scapular setting; ice
Phase II **2–6 weeks** GOAL TO ADVANCE *Full pain-free motion*	Progress to full motion	None	Band and light-weight strengthening: ER, IR from ER back to neutral only, abduction to 90°, scaption, prone horizontal abduction, rows; rhythmic stabilization, diagonal patterns
Phase III **6–12 weeks** GOAL TO ADVANCE *Strength ≥80-90% of other side; no apprehension*	Full; anterior capsule stretching	None	Progressive weights, ER/IR at 90° abduction, plyometrics (band, medicine ball). Push-ups and bench press with limited depth*
Phase IV **Return to activity** GOAL TO ADVANCE *Full motion; strength ≥90%; stable exam*	Full without discomfort	None	Interval sport program and full activity**. Continue home strengthening 2-3 times per week

NOTES

*Internal rotation, reaching across the body and pushing (push-ups, bench press, blocking) push the ball of the shoulder toward the back

**If approved by physician. Phases advance by meeting the goals, not by the calendar. Call the office for any repeat dislocation or a feeling of the shoulder slipping out

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
Rev. 10/2026