

Shawn P. Hennigan, M.D.  
2323 N. Casaloma Dr  
Appleton, WI 54913  
[www.ShawnHenniganMD.com](http://www.ShawnHenniganMD.com)



## Physical Therapy Prescription-Posterior Shoulder Stabilization

MOON (Multicenter Orthopaedic Outcomes Network) Protocol

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: R / L posterior shoulder stabilization DOS: \_\_\_\_\_

**Weeks 0-2** Protective Phase- no PT  
**ER Sling:** Must wear sling at all times, except hygiene  
**Range of Motion:** Elbow and grip as tolerated. ***No shoulder ROM allowed.***

**Weeks 2-6** Therapy Phase I  
**Sling:** May remove sling for hygiene, exercises only. Discontinue at 6 weeks.  
**Range of Motion:**

- Weeks 2-4 PROM and AAROM, FF to 90, ER to neutral with arm at side
- Weeks 4-6 increase FF to 120, ER to 20, ABD to 90
- ***NO COMBINED ABD- IR***

**Exercises:** Isometrics, but no ER

- Week 4-6 scapular stabilizers with arm in sling
- ***NO COMBINED ABD- ER***

**Modalities:** per therapist

**Weeks 6-12** Therapy Phase II  
**Sling:** Discontinue at 6 weeks  
**Range of Motion:** PROM/AAROM IR to 30 as tolerated

- Week 8-10; PROM/AAROM internal rotation (IR) to 30 with arm at side and in 45 ABD.
- Week 10-12; unlimited ROM in IR

**Exercises:** Begin isometrics & scapular stabilizers. Anterior (not posterior) glides

- Week 8-10 resisted exercises with therabands
- Week 10-12 Advance PRE's to include ER/IR

**Modalities:** per therapist

**Weeks 12-24** Therapy Phase III  
**Range of Motion:** Full, no restrictions  
**Exercises:** Continue Phase II, advance as tolerated. Posterior glides OK.