CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Posterior Stabilisation – Rehabilitation Protocol

This protocol guides your recovery after posterior stabilisation of the shoulder with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. Each phase below opens with a plain-English explanation of what is happening and what matters most, followed by the structured protocol written **for your physiotherapist** – bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated. Your physiotherapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

There is always the temptation to do exercises very early, but there is plenty of evidence to show that the increased range of motion from early mobilisation is temporary, and there is no difference between early motion and delayed motion by one year. This protocol has been designed to provide a safe and predictable return to full function.

Because your repair is at the **back (posterior)** of the shoulder, the movement pattern that loads it most directly is reaching forward while rotating the arm inward. For the first six weeks, exercises that combine forward flexion with internal rotation are avoided, and nothing is forced or stretched. For the same reason, three everyday movements are protected early on: turning the arm inward (such as reaching behind your back), reaching across your chest towards the opposite shoulder, and leaning or pushing through the operated arm – each of these pushes the ball of the joint backwards against the repair. The phases below set out exactly when each of these movements can return.

You will wear a simple sling rather than an abduction sling. There is no proven difference in outcomes between the two, and abduction slings are more complicated and awkward to use.

The journey at a glance:

- **Phase I** – Level 1 exercises, weeks 1–3
- **Phase II** – Level 2–3 exercises, weeks 3–6
- **Phase III** – Level 3+ exercises, weeks 6–12
- **Phase IV** – return to sport, from week 12

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Returning to your activities:

- **Work** – sedentary job: as tolerated; manual job: at least 3 months
- **Driving** – approximately 6–8 weeks
- **Swimming** – breaststroke from 6 weeks; freestyle from 12 weeks
- **Golf** – can start from 3–6 months
- **Lifting** – light lifting can begin at 3 weeks; avoid lifting heavy items for 3 months
- **Contact sport** (e.g. horse riding, football, martial arts, racket sports and rock climbing) – from 5 months, once return-to-sport criteria are met

Wearing your sling

Your sling (shoulder immobiliser) supports the repair while it heals. The rules are simple:

- Wear it for **6 weeks**, especially when out of the house. You don't need to sleep in it.
- Take it off only for showers and for your exercises, once you have been shown how – and whenever the sling is off, keep your arm by your side.
- Resting at home, it can come off if you are sensible about it: arm supported on a pillow while sitting.
- Use ice if the shoulder is swollen or sore, especially after exercise.

Fitting it correctly matters – a loose sling does not protect the repair:

1. Position your elbow right into the corner of the sling, well supported.
2. The end of the sling should rest at the knuckle of your little finger. If your hand extends further out, the sling is not supporting you properly.
3. The sling has two Velcro straps – one for your neck, one for your waist.
4. With your elbow and forearm positioned, use your non-operated arm to swing the upper strap around your neck and attach it through the upper loop.
5. Attach the lower strap around your waist through the lower loop the same way.

While you are in the sling, watch your posture. Keep your ears, shoulders and hips in line and avoid letting your shoulders slump – good posture protects your back and helps prevent your shoulder stiffening. A rolled-up towel in the small of your back when sitting is a useful reminder.

While you are in hospital, the ward physiotherapist will start you on the gentle early exercises below. They use three kinds of movement: **active range of motion (AROM)** – you move the arm yourself, without aid or help; **active-assisted range of motion (AAROM)** – using the other arm or an object to assist with moving the arm; and **passive range of motion (PROM)** – the arm completely relaxed, with the other arm or an outside force doing 100% of the work. Your treating team will indicate which of these apply to you at each stage.

Your first days in hospital

Wrist, hand and fingers

Keep your hand moving by bending your wrist forwards, backwards and side to side. Also keep your hand and fingers moving by opening and closing them, or squeezing a stress ball.

Repeat 10 times, 3 times per day

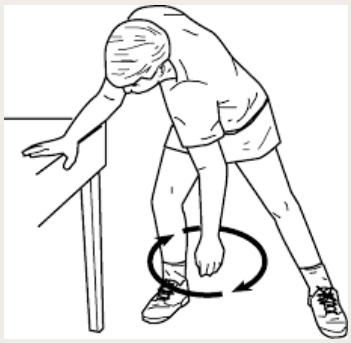
Kieran Hirpara CC BY NC SA 4.0

Elbow

Bend and straighten your elbow.

Repeat 10 times, 3 times per day

Kieran Hirpara CC BY NC SA 4.0



Pendulums

This is a passive exercise. Lean forward and let your arm relax down. Use your body to move the arm gently either clockwise or anti-clockwise, along with forwards, backwards and side to side.

Repeat each way for approximately 30 seconds, 3 times per day

Kieran Hirpara CC BY NC SA 4.0

Forward flexion

Sitting on a chair and leaning forward, cradle your operated arm with the other arm and gently move your arm upwards in front of you. Lower it back down with the assistance of your non-operated arm. You could also try lying on your back in bed and helping the arm upwards if you would prefer.

Repeat 10 times, 3 times per day

Kieran Hirpara CC BY NC SA 4.0

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Abduction

Sitting on a chair and leaning forward, cradle the arm again and help it out to the side (e.g. like rocking a baby).

Repeat 10 times, 3 times per day

Kieran Hirpara CC BY NC SA 4.0

External rotation

Sitting on a chair, only move your arm from where it would be in the sling to pointing straight in front of you. Don't go further outwards.

Gently repeat 10 times, 3 times per day

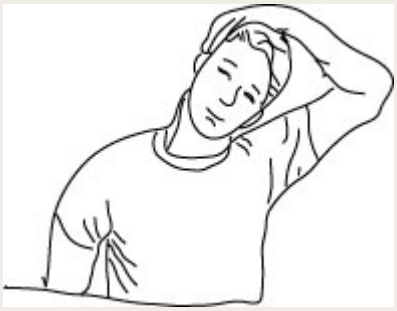
Kieran Hirpara CC BY NC SA 4.0

Lower trapezius setting

Squeeze your shoulder blades downwards and together.

Hold for 5 seconds, 5 times. Repeat 3 times daily

Kieran Hirpara CC BY NC SA 4.0



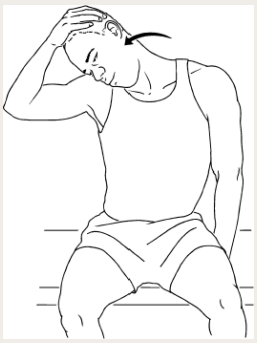
Upper trapezius stretch

Use your non-operated arm to bring your ear towards your shoulder, away from the operated side.

Hold 10 seconds, 3 times. Repeat 3 times per day

Kieran Hirpara CC BY NC SA 4.0

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au



Levator scapulae stretch

Use your non-operated arm to bring your nose towards your nipple or armpit area.

Hold 10 seconds, 3 times. Repeat 3 times per day

A few rules for the ward and your first days at home:

- Use ice for pain relief if needed.
- When wearing your sling, relax your shoulder and let the sling take the weight of your arm.
- Take your painkillers before you do your exercises, and before your physiotherapy appointments.
- You are allowed to take your arm out of the sling for your exercises and showering.
- You need to wear your sling for 6 weeks, especially when out of the house.
- Unless you have chosen to arrange your own physiotherapy, an appointment has been made for you and is detailed in your discharge pack.
- If you have any problems, contact the office or let your physiotherapist know.

Phase I – Level 1 exercises (Weeks 1–3)

The first three weeks are about protecting the repair while staying gently mobile. You will be in the sling, learning good posture and how to "set" your shoulder blade, with assisted movement only as far as is comfortable, guided by the safe zone your physiotherapist shows you. Two rules matter most in this phase: no exercises that combine reaching forward with rotating the arm inward, and nothing is forced or stretched. Because the repair sits at the back of the joint, a few everyday habits matter just as much as the exercises: keep the arm in front of your body whenever it is out of the sling, don't reach behind your back or across your chest, don't turn the forearm inward past your stomach, and don't lean on the arm or use it to push yourself up from a chair or bed.

For your physiotherapist:

Goals

- Protect the repaired posterior capsulolabral structures while they heal
- Control pain and swelling
- Maintain elbow, wrist and hand motion
- Establish postural awareness and scapular setting

Management

- Sling for 6 weeks (athletes can wean off sooner under the guidance of a club therapist)
- Teach axillary hygiene
- Teach postural awareness and scapular setting
- Active-assisted range of motion (AAROM) as comfortable (use the 'safe zone' as a guide)
- Core stability exercises with sling (as appropriate)

Precautions

- No combined forward flexion and internal rotation exercises
- Do not force or stretch
- No internal rotation beyond neutral – hand to the abdomen with the arm at the side only; no reaching behind the back
- No cross-body (horizontal) adduction
- No weight-bearing through the operated arm – no leaning on it or pushing up from a chair or bed
- No lifting with the operated arm

Criteria to progress

- Pain settled and well controlled
- Comfortable assisted forward flexion to approximately 90 degrees
- Compliant with the posterior precautions above
- No wound concerns or other complications

Phase II – Level 2–3 exercises (Weeks 3–6)

From week three, assisted movement progresses to moving the arm under its own power, as comfort allows, and you begin proprioceptive work – exercises that retrain the shoulder's sense of position and control. The posterior rules still apply: no combined forward reach with inward rotation, and no forcing or stretching. Reaching behind your back and across your chest remains off-limits, and the arm should not take weight beyond the small, controlled amounts your physiotherapist prescribes.

For your physiotherapist:

Goals

- Progress range of motion gradually within the posterior precautions
- Transition from assisted to active movement
- Begin proprioceptive retraining and gentle rotator cuff activation

Management

- Progress active-assisted to active range of motion (AROM) as comfortable
- Commence proprioceptive exercises (minimal weight-bearing below 90 degrees)
- Submaximal rotator cuff isometrics within the precaution limits (internal rotation isometrics in neutral only)
- Internal rotation may progress to approximately 30 degrees in the plane of the scapula

Precautions

- No combined forward flexion and internal rotation exercises
- Do not force or stretch
- No internal rotation behind the back
- No cross-body (horizontal) adduction
- No weight-bearing through the operated arm beyond the prescribed minimal proprioceptive work — no push-ups, no pushing up from chairs

Criteria to progress

- Active or active-assisted forward flexion to 120–140 degrees
- Pain and inflammation controlled
- Good scapular setting with arm movement
- Compliant with the posterior precautions above

Phase III — Level 3+ exercises (Weeks 6–12)

The sling comes off by week six, and the emphasis shifts to control before range: rebuilding the stability of the shoulder blade and the ball-and-socket joint, then gradually increasing movement and building strength towards your sport or work. The inward-turning movements that were protected early now return in stages — first reaching behind your back to belt level, then progressively further as the weeks pass. If the shoulder remains tight turning inward after two months, a specific stretching exercise can be added to address it. Push-ups and other exercises that load the arm while it bears weight stay off the programme until the end of this phase.

For your physiotherapist:

Goals

- Restore range of motion gradually, with a staged return of internal rotation
- Regain scapular and glenohumeral stability and neuromuscular control
- Build strength towards sport- and work-specific demands

Management

- The sling is removed by 6 weeks
- Regain scapular and glenohumeral (GH) stability, working for shoulder joint control rather than range
- Gradually increase range of motion (ROM)
- Restore internal rotation in stages: behind-back reach to the beltline only initially; internal rotation at 90 degrees abduction to approximately 30–45 degrees by week 10, progressing gradually to 60–65 degrees by week 12
- Strengthen – sports-specific
- Increase proprioception through open- and closed-chain exercise
- Progress core stability exercises
- Incorporate plyometrics and perturbation training
- After 2 months, any residual tightness to internal rotation may be addressed by a specific stretching exercise
- Wall push-ups may commence at week 12

Precautions

- Avoid forceful or excessive horizontal adduction and internal rotation
- Do not force end-range internal rotation – progress it gradually to the staged limits above
- No push-ups or other weight-bearing strength work through the operated arm before week 12 (wall push-ups from week 12; floor push-ups later, in Phase IV)

Criteria to progress

- Active elevation to pre-operative level by week 6 (milestone below)
- Forward flexion to approximately 165 degrees
- External rotation at 90 degrees abduction to 85–90 degrees, and at least 80% of the asymptomatic side
- Internal rotation at 90 degrees abduction to 60–65 degrees
- Normal scapular movement patterns throughout range

Phase IV – Return to sport (from Week 12)

From three months the shoulder moves into training territory: stretching can now include the across-the-body and inward-turning directions, gym work progresses from machines to free weights, and push-ups build up

from the wall to the floor. Return to sport — including contact sport — is from five months at the earliest for contact sport, and depends on meeting the criteria below rather than the calendar alone: full comfortable movement, strength close to the other side, and confidence in sport-specific drills, confirmed at your review.

For your physiotherapist:

Goals

- Restore full range of motion in all directions, including behind-back internal rotation
- Return strength to at least 90% of the asymptomatic side
- Graduated, criteria-based return to sport and full activity

Management

- Horizontal adduction and end-range internal rotation stretching may now begin
- Progress full behind-back internal rotation
- Push-up progression: wall to incline to floor; unstable-surface and closed-chain progressions from approximately week 20
- Weight training with machine resistance from approximately week 16, progressing to free weights as tolerated
- Plyometric and deceleration drills (rebounder throws, ball drops) as strength allows
- Interval sport-specific programmes (e.g. graduated throwing programme for overhead athletes)

Precautions

- Progress posterior loading (push-ups, bench-press-type movements) gradually — these load the repair most directly
- No return to contact sport before 5 months, and only once the criteria below are met

Criteria to return to sport

- Full, pain-free range of motion
- External and internal rotation strength at least 90% of the asymptomatic side
- Satisfactory performance on functional testing where available (e.g. closed-chain upper-limb test, single-arm functional tests at 90% of the other side)
- No pain or apprehension with sport-specific drills
- Clearance at review with Dr Hirpara

Milestones

When	Milestone
Week 6	Active elevation to pre-operative level
Week 12	Minimum 80% range of external rotation compared to the asymptomatic side
Week 12	Normal movement patterns throughout range

Exercise levels

The phases above refer to graded exercise levels. Level reflects intensity of muscle work: **Level 1** is under 20% intensity, **Level 2** is 21–40% intensity, and **Level 3** is over 40% intensity. Not all of the exercises have been investigated, and the lists are intended only as a guide when choosing exercises. Key: **R** = range of motion, **S** = strengthening, **P** = proprioception, **C** = core.

Level 1 exercises (< 20% intensity)

Exercise	R	S	P	C
Pendulum exercise	X			
Flexion in side lying	X		X	
Abduction using the physio ball	X		X	
Flexion in standing	X		X	
Abduction in standing	X		X	
Prayer position			X	
Balance point in lying flexion	X	X	X	
Balance point in lying abduction	X	X	X	
External rotation in standing	X		X	
Internal rotation in standing	X		X	
External rotation lying	X		X	

Level 2 exercises (21–40% intensity)

Exercise	R	S	P	C
Isometric exercises in sitting – external rotation		X		

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Exercise	R	S	P	C
Isometric exercises in sitting – abduction		X		
Isometric exercises in sitting – internal rotation		X		
Isometric exercises in sitting – external rotation through range		X		
Unilateral shoulder flexion in 4-point kneeling		X	X	X

Level 3 exercises (> 40% intensity)

Exercise	R	S	P	C
Theraband isometric external rotation, long lever		X	X	
Diagonal pattern exercise with theraband		X	X	
Diagonal pattern exercise with free weights and step		X	X	X
Dynamic hug with theraband and ball		X	X	X
Diagonal pattern abduction in elevation to adduction with exercise band		X	X	

The exercise protocols and exercises are based on those described by Leonard Funk and his team from the Wrightington Shoulder Unit, and his private practice in Manchester, UK. They can be found at shoulderdoc.co.uk, and the exercises are in his freely available book at https://view.publitas.com/shoulderdoc/shoulder-rehab/page/1.

The posterior-specific protection limits, staged internal rotation targets, per-phase criteria to progress and return-to-sport criteria were updated in June 2026 with reference to published posterior stabilisation protocols from Massachusetts General Brigham Sports Medicine (Rehabilitation Protocol for Posterior Bankart Repair), UVA Sports Medicine and UNM Sports Medicine (Posterior Labral Repair Rehabilitation Protocols), and the clinical commentary "Rehabilitation Following Posterior Shoulder Stabilization" (International Journal of Sports Physical Therapy, 2021), adapted to this practice's approach by Dr Hirpara.

After your protocol

This protocol works alongside the practice's general recovery advice – see managing post-operative pain and wound care. For the condition itself, see shoulder instability.

REFERENCES

1. Massachusetts General Brigham Sports Medicine. Rehabilitation Protocol for Posterior Bankart Repair. Revised October 2021.
2. University of Virginia Sports Medicine. Posterior Labral Repair Rehabilitation Protocol.
3. University of New Mexico Sports Medicine. Posterior Labral Repair Rehabilitation Protocol.
4. Rehabilitation following posterior shoulder stabilization. Int J Sports Phys Ther. 2021;16(3).

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

5. Funk L. Shoulder Rehabilitation. Wrightington Shoulder Unit / shoulderdoc.co.uk.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au