
Arthroscopic or Open Posterior Stabilization
Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____
_____/ Week _____ Weeks

Gunslinger brace for weeks 1-4. No shoulder rehabilitation for weeks 1-4, may do elbow and wrist ROM.

Phase 1 - Passive

Week 5-6

Begin:

Standard sling weeks 5 & 6, can come out of sling for therapy

1. Full elevation and external rotation (in scapular plane)
2. Internal rotation to belt line (in scapular plane)
3. Wrist and gripping exercises, elbow AROM

Phase 2 - Active

Week 7-8

Begin:

1. Full elevation and external rotation
2. Slowly increase internal rotation to normal by week 12
3. Bicep/Tricep strengthening with elbow by side

Phase 3 - Resistive

Week 9

Begin:

Rotator cuff and periscapular (shrugs, rows, serratus, etc)
strengthening program (use weights or therabands)

Week 11

Weight training – avoid bench press for 4 months post-op

Week 16

Bench press and sport specific training

Return to Activities

Computer

As tolerated after gunslinger is discontinued

Golf

12 weeks chip and putt only

Tennis

Varies

Contact Sports

5 months

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date _____



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