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Open Anterior Capsular Shift Rehabilitation Protocol

Phase I (Weeks 0-6)

- Protection Phase
 - o Goals: Allow healing of sutured capsule
 - o Begin early protected and restricted range of motion
 - o Retard muscular atrophy and enhance dynamic stability
 - o Decrease pain/inflammation
 - o Brace: Patients are place in shoulder immobilizer for 4-6 weeks
- Week 0-3
 - o Precautions:

Sleep in sling for 4 weeks

No overhead activities for 3 weeks. Compliance to rehab program is critical.

o Exercises:

Gripping exercises with putty

Elbow and wrist flex/extension and pronation/supination

Pendulum exercises (non-weighted)

- No shoulder abuction or extension
- AROM cervical spine
- Shoulder isometrics-Flexors, extensors, ER, ABD

No active or active assisted IR x 6 weeks

- Week 4-6
 - o Goals:

Gradual increase in ROM

Normalize arthrokinematics

Improve strength

Decrease pain/inflammation

o Range of Motion Exercises

L-bar active assisted exercises, gentle PROM exercises

- ER to 25-30 degrees in scapular plane
- IR to 30-35 degrees in scapular plane
- Shoulder flexion to 105-115 degrees
- Shoulder elevation in scapular plane to 115 degrees
- Rope and pulley flexion
- *All exercises performed to tolerance and therapist/physician motion guidelines
- *Take to point of pain and/or resistance and hold
- *GENTLE self-capular stretches
- o Gentle Joint Mobilization to Re-establish Normal Arthrokinematics to:

Scapulothoracic joint

Glenohumeral joint

Sternoclavicular joint

o Strengthening Exercises

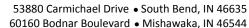
Isometrics

Rhythmic stabilization exercises

May initiate tubing for ER/IR at 0 degrees

o Conditioning Program for:

Trunk



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Lower extremities Cardiovascular

o Decrease Pain/Inflammation

Ice, NSAID, modalities

Phase II (Weeks 7-12)

Intermediate Phase

- Goals
 - o Full non-painful ROM at week 10-12
 - o Normalize arthrokinematics
 - o Increase strength
 - o Improve neuromuscular control
- Week 7-8
 - o Range of Motion Exercises

L-Bar active assisted exercises at 60-90 degree ABD

Continue all exercises listed above

Gradually increase ROM to full ROM week 12

Continue self-capsular stretches

Continue joint mobilization

May initiate IR/ER ROM at 90 degrees of abduction

o Strength Exercises

Initiate isotonic dumbbell program

Side-lying ER/IR

Shoulder abduction

Supraspinatus

Latissimus dorsi

Rhomboids

Biceps/triceps curls

Shoulder shrugs

Push-ups into chair (serratus anterior)

Continue tubing at 0 degrees for ER/IR

Continue stabilization exercises for the glenohumeral joint

- o Initiate Neuromuscular Control Exercises for Scapulothoracic Joint
- Week 8-10
 - o Continue all exercises listed above, emphasize neuromuscular control drills and scapular strengthening
 - o Initiate tubing exercises for rhomboids, latissimus dorsi, biceps and triceps
 - o Progress ROM to full ROM as tolerated

ER at 90 degrees ABD: 80-85 degrees

IR at 90 degrees ABD: 70-75 degrees

Flexion to 165-170 degrees

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Phase III (Weeks 12-20)

- · Dynamic Strengthening Phase
- Week 12-17
 - o Goals:

Improve strength/power/endurance

Improve neuromuscular control

Prepare athletic patient for gradual return to sports

o Criteria to Enter Phase III:

Full non-painful ROM

No pain or tenderness

o Emphasis of Phase III

Dynamic stabilization exercises

Eccentric exercises

Diagonal patterns, functional movements

o Exercises

Fundamental shoulder exercises

Emphasis: neuromuscular control drills, PNF rhythmic stabilization, rotator cuff strengthening and scapular strengthening

Continue tubing exercises for ER/IR at 0 degrees ABD (arm at side)

Continue isotonics for:

- Rhomboids
- Latissimus dorsi
- Biceps
- Dumbbell exercises for supraspinatus and deltoid
- Continue serratus anterior strengthening exercises push-ups floor

Continue trunk/LE strengthening exercises

Continue neuromuscular exercises

Continue self-capsular stretches

- Week 17-20
 - o Continue all exercises above
 - o Emphasis on gradual return to recreational activities

Phase IV (Months 20-28)

- Return to Activity
- Goals:
 - o Progressively increase activities to prepare patient for full functional return
- Criteria to Progress to Phase IV:
 - o Full ROM
 - o No pain or tenderness
 - o Satisfactory clinical exam
- Exercise
 - Initiate interval sports programs (if patient is a recreational athlete)
 - o Continue tubing exercises listed in Phase III
 - o Continue all strengthening exercises
 - o Continue ROM exercises