

Anterior and Posterior Capsular Shift Rehabilitation Protocol (Slow Rehabilitation program for congenitally lax patients)

Precautions:

- Slower progression in restoring ROM
- Emphasis on Neuromuscular control, scapular position, increase resting muscular tone
- Control arm position/motion while sleeping
- No excessive motion, especially IR, horizontal abduction or adduction
- No pushing motions, push-ups for 8-10 weeks

I. Phase I - Protection Phase (Week 0-8)

Goals: Allow healing of sutured capsule
Begin early protected and restricted range of motion
Retard muscular atrophy and enhance dynamic stability
Decrease pain/inflammation

Brace: Patient placed in ultrasling brace in neutral rotation for 4-6 weeks (physician will make determination)

Week 0-2

Precautions:

1. Sleep in brace for 4 weeks
2. No overhead activities for 6-8 weeks
3. Compliance to rehab program is critical.

Exercises:

Wrist, hand, gripping

Elbow flex/extension and pronation/supination

Pendulum exercises (non-weighted)

Isometrics

- Flexors, Extensors, ER, IR, ABD
- Rhythmic stabilization drills ER/IR (neutral rotation at 20 degrees abduction)
- Proprioception drills Range of Motion:
 - PROM only
 - ER/IR at 20 degrees Abduction
 - ER to 10-15 degrees
 - IR to 10-15 degrees
 - Abduction to 45 degrees maximum

Week 3-4

Goals: Control ROM
Enhance Neuromuscular control
Decrease pain/inflammation

Exercises:

Initiate Range of Motion Exercises

L-Bar active assisted exercises, gentle PROM exercises

IR/ER at 30 degrees scapular plane to 10-15 degrees.

- ER to 15-20 degrees
- IR to 15-20 degrees

Shoulder flexion to 60 degrees week 3-4.

Rope & Pulley Flexion to 60-70 degrees.

Strengthening exercises

isometrics
rhythmic stabilization exercises
proprioception drills
scapular strengthening exercises manual drills (seated)
initiate core stabilization (pelvic tilts, supine, etc.)

Conditioning program for:

trunk
lower extremities
cardiovascular

Decrease pain/inflammation:

ice, modalities

Week 5-6

Continue all exercises listed above
Range of Motion Exercises
L-Bar Active Assisted Exercises
Gradually and slowly increase ROM
Base rate of ROM progress on amount of motion and end feel
ER at 40 degrees abduction scapular plane to 40 degrees at week 5
IR at 40 degrees abd scapular plan to 45 degrees
Flexion to 90-100 degrees week 5-6
Strengthening exercises
initiate tubing IR/ER with arm at side (limited ROM)
rhythmic stabilization drills
emphasize rotator cuff strengthening
active full can to 70 degrees
prone rowing at 0 and 45 degrees
initiate hand on wall rhythmic stabilization

Week 7-8

Control all exercises listed above
Progress ROM gradually
Range of Motion

- ER/IR @ 45 degrees abduction
- ER to 45 degrees
- IR to 45 degrees
- Abduction and flexion to 120-125 degrees

II. Phase II - Intermediate Phase (Week 8-14)

Goals: Progress to 70-80% of full ROM at week 10-12
Increase strength
Improve neuromuscular control

Week 8-10

Range of Motion Exercise

L-Bar active assisted exercises at 75 degrees ABD
Flexion to 145-150 degrees

ER at 75 degrees Abd to 60 degrees

IR at 75 degrees Abd to 55 degrees

*Goal: to obtain 70% (at week 10) of full ROM and allow time and patient to gain the rest

Strengthening Exercises

Initiate isotonic dumbbell program

- sidelying ER
- sidelying IR
- shoulder Abduction to 90 degrees
- supraspinatus (full can)
- latissimus dorsi prone rowing
- rhomboids horz. Abd (bent elbow)
- biceps curls
- triceps curls
- plank stabilization position

Continue tubing at 0 degrees for ER/IR

Continue stabilization exercises for the glenohumeral joint

Scapular strengthening and neuromuscular exercises

Continue axial loading exercises

Initiate Neuromuscular Control Exercises for Scapulothoracic Joint

Week 11-14

Continue all exercises listed above, emphasis neuromuscular control drills, PNF stabilization drills, and scapular strengthening.

Progress ROM to:

- ER at 90 degrees ABD: to 75-80 degrees (maximum)**
- IR at 90 degrees ABD: to 45-55 degrees (maximum)**
** ONLY if advised by physician
- Flexion to 165 - 170 degrees.

III. Phase III - Dynamic Strengthening Phase (Week 14-22)

**Aggressive strengthening or stretching program based on type of patient.
(Therapist and/or physician will determine.)

Week 14-17

Goals: Improve strength/power/endurance
Improve neuromuscular control
Prepare athletic patient for gradual return to sports

**** Criteria to Enter Phase III:**

Full non-painful ROM

** Patient must fulfill this criteria before progressing to this phase.

No pain or tenderness

Strength 70% or better compared to contralateral side

Exercises:

Fundamental shoulder exercises

**Emphasis: Neuromuscular control drills, rotator cuff strengthening, scapular strengthening.

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

Continue isotonic:

- for rhomboids and lower trapezius
- for latissimus dorsi
- for biceps
- bilateral plank rhythmic stabilization
- hand on wall rhythmic stabilization
 - Continue dumbbell exercises for supraspinatus and deltoid
 - Continue serratus anterior strengthening exercises push-ups floor

Continue closed kinetic chain drills

Continue trunk/LE strengthening exercises

Continue neuromuscular exercises and proprioception drills

Week 18-22

Continue all exercises above

Emphasis on gradual return to restricted recreational activities

(no overhead sports)

IV. Phase IV - Return to Activity (Week 22-30)

Goals: Progressively increase activities to prepare patient for full functional return

Criteria to Progress to Phase IV:

Full ROM

No pain or tenderness

Muscle strength test that fulfills criteria

Satisfactory clinical exam

Exercise:

Continue strengthening exercises

Fundamental shoulder strengthening exercises

Core stabilization drills

Endurance training