

**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
- Elevation to 45 degrees maximum

Week 3-4

Goals: Control ROM

Enhance Neuromuscular control

Decrease pain/inflammation

1. 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.

2. Strengthening exercises

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

3. Conditioning program for:

- trunk
- lower extremities
- cardiovascular

4. Decrease pain/inflammation:

- ice, modalities

Week 5-6

1. Continue all exercises listed above

2. 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

3. 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

1. Control all exercises listed above

2. Progress ROM gradually

3. Range of Motion

- ER/IR @ 45 degrees abduction
- ER to 45 degrees
- IR to 45 degrees

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- 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

1. 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

2. 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

3. Initiate Neuromuscular Control Exercises for Scapulothoracic Joint

Week 11-14

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

2. 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:

- 1) Full non-painful ROM
** Patient must fulfill this criteria before progressing to this phase.
- 2) No pain or tenderness
- 3) 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 isotonics:
 - 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

B. 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:

- 1) Full ROM
- 2) No pain or tenderness
- 3) Muscle strength test that fulfills criteria
- 4) Satisfactory clinical exam

Exercise:

- Continue strengthening exercises
- Fundamental shoulder strengthening exercises
- Core stabilization drills
- Endurance training