



## 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 degreesShoulder 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 exercisese listed above
2. Progress ROM gradually
3. 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**

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 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

**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