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:

- ③ Wrist, hand, gripping
- ③ Elbow flex/extension and pronation/supination
- ③ Pendulum exercises (non-weighted)
- ③ Isometrics
  - Flexors, Extensors, ER, IR, ABD
- ③ Rhythmic stabilization drills ER/IR (neutral rotation at 20 degrees abduction Proprioception drills
- ③ Range of Motion:
- ③ PROM only
- ③ ER/IR at 20 degrees Abduction
- ③ ER to 10-15 degrees
- ③ IR to 10-15 degrees
- ③ 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 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, emphysis 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