

Center for Athletic Medicine
Dr. Preston Wolin
Multidirectional Instability (MDI) “Capsular Shift” Protocol

~Please call 773.248.4150 with any and all questions~
Adapted from, *James Andrews MD, Gary Harrelson ATC, Kevin Wilk PT*

The goal of this rehabilitation program is to return the patient/athlete to his or her activity/sport as quickly and sagely as possible, while maintaining a stable shoulder. The program is based on muscle physiology, biomechanics, and anatomy and the healing process after surgery for a capsular shift.

In the capsular shift procedure, the orthopaedic surgeon “tightens” the capsule of the shoulder (with the aid of arthroscopic sutures). The ultimate goal is a functional stable shoulder and a return to a preoperative functional level.

I. Phase I: Protection Phase (Week 0-6):

Goals:

- Allow healing of sutured capsule
- Begin early protected range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

Post op Week 0 to 2:

Precautions:

1. Sleep in immobilizer for 2 weeks
2. No overhead activities for 4 weeks
3. Wean from immobilizer and into sling as soon as possible (orthopedist or therapist will tell the athlete when), usually 2 weeks.

Exercises:

- Wrist/hand range of motion and gripping
- Elbow flexion/extension and pronation/supination
- Pendulum exercises (nonweighted)
- Rope-and-Pulley active assisted exercises
- Shoulder flexion to 90°
- Shoulder abduction to 60°
- T-bar exercises
- External rotation to 15 to 20° with arm in scapular plane
- Internal rotation to 25° with arm abduction at 40°
- Shoulder flexion to 90°
- Active range of motion cervical spine
- Isometrics
- Flexors, extensors, external rotation, internal rotation, abduction
- Rhythmic stabilization drills

Post op Week 2 to 4:

Goals:

- Gradual increase in range of motion
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation
 1. Range of motion exercises
 - L-bar active assisted exercises
 - External rotation at 45° abduction to 45°
 - Internal rotation at 45° abduction to 45°
 - Shoulder flexion to tolerance
 - Shoulder abduction to tolerance
 - Rope-and-pulley flexion
 - Pendulum exercises

All exercises performed to tolerance

- Take to point of pain and/or resistance and hold
- Gentle self-capsular stretches
 2. Gentle joint mobilization to reestablish normal arthrokinematics to:
 - Scapulothoracic joint
 - Glenohumeral joint
 - Sternoclavicular joint
 3. Strengthening exercises
 - Active range of motion week 3
 - May initiate tubing for external/internal rotation at 0°
 - Dynamic stabilization drills
 4. Conditioning program for:
 - Trunk
 - Lower extremities
 - Cardiovascular system
 5. Decrease pain/inflammation
 - Ice, nonsteroidal anti-inflammatory drugs, modalities

Post op Week 4 to 5:

- Active-assisted range of motion flexion to tolerance (145°)
- External/Internal rotation at 90° abduction to tolerance
- External rotation at 90° abduction to 60°
- Internal rotation at 90° abduction to 45 to 50°
- Initiate isotonic (light weight) strengthening
- Gentle joint mobilization

Post op Week 6:

- Active-assisted range of motion; continue all stretching exercises
- Progress external/internal rotation at 90° abduction
- External rotation at 90°, abduction: 75°
- Internal rotation at 90°, abduction: 65°

- Progress shoulder flexion to 165 to 170°
- Progress to Throwers' Ten Exercise Program

II. Phase II: Intermediate Phase (Week 7-12):

Goals:

- Full nonpainful range of motion at week 8
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control

Post op Week 7 to 10:

1. Range of motion exercise
 - Shoulder flexion to 180°
 - External rotation at 90°, abduction: 90°
 - Internal rotation at 90°, abduction: 65°
 - Horizontal adduction/abduction motion
 - L-bar active-assisted exercises
 - Continue all exercises listed above
 - Gradually increase range of motion to full range of motion week 8
 - External rotation at 90°, abduction: 80-90°
 - Internal rotation at 90°, abduction: 70-75°
 - Continue self-capsular stretches
 - Continue joint mobilization
2. Strengthening exercises
 - Throwers' Ten Exercise Program
 - Continue dynamic stabilization
 - Closed kinetic chain exercises
 - Core stabilization drills
3. Initiate neuromuscular control exercises for scapulothoracic joint
 - Scapular muscular training

Post op Week 10 to 12:

1. Continue all exercises listed above
2. Continue all stretching exercises
 - Progress range of motion to thrower's motion
 - External rotation to 110 to 115°
 - Flexion to 180°
3. Continue strengthening exercises
 - Initiate progressive resistance exercise weight training
4. Initiate interval hitting program (week 12)
5. Initiate golf swing (week 10)

III. Phase III: Dynamic Strengthening Phase (Week 12-20):
Advanced strengthening phase

Post op Week 12 to 16:

Goals:

- Improve strength/power/endurance
- Improve neuromuscular control
- Maintain shoulder mobility
- Prepare athlete to begin to throw

Criteria to Enter Phase III

Full nonpainful range of motion

No pain or tenderness

Strength 70% or better compared with that of contralateral side

1. Continue all stretching and range of motion exercises
2. Continue all strengthening

-Throwers' Ten Exercise Program (also under protocols)

3. Initiate plyometrics

-Two-hand drills (week 12)

-One-hand drills (week 13-14)

4. Continue core stabilization drills

Post op Week 16 to 20:

Continue all exercises above

Continue stretching and range of motion exercises

Initiate interval sport program (week 16)

IV. Phase IV: Functional Activity Phase (Week 20-26):

Goals:

Progressively increase activities to prepare patient for full functional return

Criteria to Progress to Phase IV:

1. Full range of motion
2. No pain or tenderness
3. Isokinetic test that fulfills criteria to throw
4. Satisfactory clinical examination

Exercise:

Continue interval sport program

Continue Throwers' Ten Exercise Program

Continue plyometric five exercises

Interval Throwing Program

1. Long toss program (phase 1) (week 16)
2. Off the round program (phase II) (week 22)
3. Simulated game (week 30)

*****If a patient is not progressing, please call the office for recommendations*****

