

Center for Athletic Medicine
Dr. Preston Wolin
Posterior and Posterior Inferior Capsular Shift Protocol

~Please Call 773-248-4150 x 226 with any and all questions~

Adapted from the *Department of Rehabilitation Services at Brigham and Women's Hospital*

The goal of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a posterior capsular shift procedure. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. For progression of a post-operative patient the clinician should consult with Dr. Wolin at 773-248-4150.

Protection Phase (0-6 Weeks):

Precautions

- Postoperative brace (typically gunslinger type) in 30-45° abduction, 15° external rotation for 4-6 weeks
- Brace to be worn at all times (even when sleeping) with the exception of rehabilitation activity and bathing
- No overhead activity
- No flexion for first 6 weeks

Goals:

- Allow/promote healing of repaired posterior capsule
- Initiate early protected ROM
- Retard muscular atrophy
- Decrease pain and inflammation

WEEKS 0-4:

Exercises

- Gripping exercised with putty
- Active elbow flexion-extension and pronation-supination
- Active ROM cervical spine
- Passive ROM progressing to active-assisted ROM of GH joint
 1. External rotation to 25-30° at 30-45° of abduction
 2. Internal rotation to 15-25° at 30-45° of abduction (begin week three)
- Submaximal pain free shoulder isometrics in the plane of the scapula
 1. Flexion
 2. Abduction
 3. Extension
 4. External Rotation
 5. **Avoid IR at this point**

Note: In general all exercises begin with one set of 10 repetitions and should increase by one set of 10 repetitions daily as tolerated to five sets of 10 repetitions.

Cryotherapy: Ice after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.

WEEKS 4-6

Goals

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain and inflammation

ROM Exercises:

- Active-assisted exercises of GH joint
 1. External rotation in multiple planes of shoulder abduction (up to 90°)
 2. Shoulder flexion to tolerance
 3. Elevation in the plane of the scapula to tolerance
 4. Shoulder abduction (pure) to 90°
 5. Internal rotations 35° at 45° of abduction
- Pulleys (AAROM)
 1. Shoulder elevation in the plane of the scapula to tolerance
 2. Shoulder flexion to tolerance
- Gentle** self-capsular stretches as needed/indicated

Gentle Joint Mobilization (Grades I-II) to Reestablish Normal Arthrokinematics

- Scapulothoracic joint
- GH joint (avoid posterior glides)
- SC joint
- AC joint

AROM Exercises

- Active abduction to 90°
- Active external rotation to 90°
- IR to 35°

Strengthening Exercises

- Elbow/wrist progressive resistive exercise program

Conditioning Program For

- Trunk
- Lower Extremities
- Cardiovascular endurance

Decrease Pain and Inflammation

- Ice and modalities prn

Brace

- Discontinue 4-6 weeks post-surgery **per physician's instruction**

PHASE 2: INTERMEDIATE PHASE (WEEKS 6-12)

Goals:

- Full, nonpainful ROM at week 8 (patient will NOT have full IR at this time)
- Normalize arthrokinematics
- Enhance strength

-Improve neuromuscular control

WEEKS 6-9

Range of Motion Exercises:

-A/AROM to AROM as appropriate

1. External rotation to tolerance
2. Shoulder abduction to tolerance
3. Shoulder flexion to tolerance
4. Pulleys: flexion, abduction, and elevation in the plane of the scapula to tolerance
5. Internal rotation to no more than 40°

Joint Mobilization

-Continue as above indicated

Strengthening Exercises

-Initiate IR isometrics in slight ER (do not perform past neutral)

-Initiate theraband for internal and external rotation at 0° abduction (IR later in the phase)

-Initiate isotonic dumbbell program

1. Shoulder abduction
2. Shoulder flexion
3. Latissimus dorsi
4. Rhomboids
5. Biceps curl
6. Triceps kick-out over table
7. Push-ups into wall (serratus anterior)

WEEKS 10-12

-Continue all exercises listed above

Initiate:

-Active internal rotation at 90° GH abduction with elbow at 90° flexion

-Dumbbell supraspinatus

-Theraband exercises for rhomboids, latissimus dorsi, biceps, and triceps

-Progressive push-ups

PHASE 3: DYNAMIC STRENGTHENING PROGRAM (WEEKS 12-18)

Criteria for Progression to Phase 3:

- Full, nonpainful ROM
- No complaints of pain/tenderness
- Strength 70% of contralateral side

WEEKS 13-15

Goals:

-Enhance strength, power, and endurance

-Enhance neuromuscular control

Emphasis of Phase 3:

-High-speed/high-energy strengthening exercises

-Eccentric training

-Diagonal patterns

Exercises:

- Continue internal and external rotation theraband exercises at 0° abduction (arm at side)
- Theraband for rhomboids
- Theraband for latissimus dorsi
- Theraband for a biceps and triceps
- Continue dumbbell exercises for supraspinatus and deltoid
- Progressive serratus anterior push-up-anterior flexion
- Continue trunk and lower extremity strengthening and conditioning exercises
- Continue self-capsular stretches

Progress to:

- Isotonic shoulder strengthening exercises isolating the rotator cuff- including sidelying external rotation, prone arm raises at 0, 90, & 120°, prone external rotation, and internal rotation at 0 & 90°; progress to standing strengthening exercise once able to tolerate resistance against gravity without substitution.
- progress scapulothoracic/upper back musculature strengthening exercises
- Dynamic stabilization exercises
- Proprioceptive Neuromuscular Facilitation (PNF) exercises

PHASE 4: RETURN TO ACTIVITY PHASE (WEEKS 21-28)

Criteria for Progression to Phase 4:

- Full ROM
- No pain or tenderness
- Satisfactory clinical examination

Goal:

- Progressively increase activities to prepare patient for unrestricted functional return

Exercises:

- Continue theraband, and dumbbell exercises outlined in phase 3
- Continue ROM exercises
- Initiate interval programs between weeks 28 and 32 (if patient is a recreational athlete)
- Continue strengthening exercises for scapular and rotator cuff muscles
- Progress to functional activities needed for ADL's and sport
- Throwing program (see protocol)

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