

ARTHROSCOPIC/OPEN CAPSULAR SHIFT REPAIR POST-OPERATIVE PHYSICAL THERAPY PROTOCOL

Diagnosis: Glenohumeral instability

Frequency: 2-3 visits/week Duration: 4 months

Post-operative Period

0 to 1 month:

1. 1 visit per week, everyday home program
2. External rotation sling is to be worn at all times, including for sleep, except when doing exercises
3. Active and passive range of motion of the neck, elbow, wrist and hand should be performed 5 times/day everyday
4. Avoid any active abduction, horizontal adduction, forward elevation, and internal rotation during this time period
5. Gentle passive pendulum exercises should be started at 2 weeks to be performed twice a day
6. Gentle passive elevation in the scapular plane (no pulleys) to 90 degrees and external rotation to 30 degrees (arm at side) may be started at 2 weeks
7. Icing program, 3 to 5 times a day, 30 minutes each after exercises

1 to 2 months:

1. Sling may be discontinued after 4 weeks
2. 2 to 3 visits per week, 5 times a week home program
3. Continue all exercises in previous phase (as described above)
4. Passive and active assisted range of motion can begin with limits from 15 degrees of horizontal abduction to full horizontal abduction to avoid stressing the posterior capsule (no internal rotation or shoulder adduction), full elevation in scapular plane (no internal or external rotation while arm is elevated), 45 degrees of internal or external rotation (arm at the side), and extension to 20 degrees
5. Isometric strengthening exercises can begin in this time period with the above limits of motion
6. Periscapular strengthening and range of motion exercises should begin including shoulder shrugs and scapular retraction exercises

2 to 4 months:

1. 2 to 3 visits per week, with a home program 5 times a week.
2. Continue exercises in previous phases (as described above)
3. Passive, active assisted, and active range of motion exercises should be slowly increased to full motion
4. A strong emphasis on periscapular strengthening and range of motion exercises should continue with scapular protraction, retraction, and elevation
5. Rotator cuff strengthening exercises (with bands and dumbbells) may begin once active range of motion is full
6. Range of motion should be normal by the end of this phase.
7. Focus on normalizing scapulothoracic and glenohumeral rhythm.

4 to 6 months:

1. 4 to 5 times a week home program. 1 to 2 visits per week to advance home program.
2. Continue exercises in previous phases (as described above)
3. Range of motion must be full in order to begin this phase of rehabilitation.
4. Active shoulder and periscapular muscle strengthening exercises are the focus of this period with the emphasis to regain full strength. Strengthening exercises should be high repetition, low weights with dumbbells and bands

6 to 8 months:

1. 3 to 5 times a week home program. May need physical therapy supervision for functional training.
2. Begin advanced strengthening with weights, dumbbells and bands to include muscles of the shoulder girdle, rotator cuff, and periscapular areas. Low repetition and high weights should be avoided indefinitely
3. May begin functional training exercises including swimming, tennis, or an interval throwing program (if a thrower)
4. Begin gradual return to previous sports/activities/work duties under controlled conditions
5. Full return to sports/activities/full work duties are pending Dr. Kellum's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

1. Full functional range of motion
2. No pain or tenderness
3. Satisfactory clinical examination