MIDWEST ORTHOPAEDICS at RUSH
SPORTS MEDICINE & SHOULDER

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POSTERIOR CAPSULOLABRAL REPAIR or POSTERIOR/INFERIOR CAPSULAR SHIFT

These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. Progression should be based on patient progress and approval by the referring physician.

PHASE 1 (0-2 WEEKS)

GENERAL GUIDELINES AND PRECAUTIONS

- Continuous rest in sling 24/7 in "Gunslinger" position
- Avoid elevation in supine
- Avoid IR
- Avoid horizontal adduction past neutral

GOALS

- Protect posterior capsule
- Education patient about surgical procedure and rehab progression expectations
- Facilitate distal extremity exercise for circulation
- Minimize pain and inflammation

EXERCISES

- Active elbow, wrist and hand
- Scapular retraction
- Cervical ROM, especially upper trap/levator scapula stretches
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CRITERIA TO PROGRESS TO PHASE 2

- Wound healing without infection
- Low to no pain

PHASE 2 (2-6 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- Protect posterior capsule
- Sling wear 24/7 until 4 weeks, then slow wean over 2 weeks, continuing to wear at night for 6 weeks (Dr. Taylor's patients may remove sling at night at 4 weeks)
- Avoid elevation >90; horizontal adduction past neutral; IR > 20; ER > 30

GOALS

- Protect posterior capsule
- Initiate protected ROM to minimize stiffness
- Retard muscle atrophy
- Resolve pain and inflammation

EXERCISES

- PROM ER to 30 at 30 to 45 deg abduction in scapular plane

- PROM IR to 20 at 30 to 45 deg abduction in scapular plane
- Tabletop supported elevation to 90 deg (avoid supine elevation to protect the posterior capsule and labrum)
- Submaximal isometrics for flexion, extension, abduction, ER in neutral position **– NO IR isometric**

CRITERIA TO PROGRESS TO PHASE 3

- ER to 30 deg
- Elevation to 90 deg
- Clearance from surgeon to advance motion and wean from sling

PHASE 3 (6-12 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- Avoid forced IR or horizontal adduction at end range
- Avoid closed chain exercises, or activities in weight bearing position

GOALS

- Restore full ROM (active and passive) in all planes, excluding IR
- Normalized biomechanics during elevation AROM
- Increase rotator cuff and scapular stabilizer muscle strength

EXERCISES

- Progressive PROM/stretching for elevation, ER(0) and ER(90) to end range
- Advance active assisted to active range for elevation (supine to incline to vertical; short to long lever arm; assisted to unassisted)
- Begin IR isometric exercise in slight ER – not to move past neutral position during contraction
- TheraBand resisted ER, scapular stabilizers, deltoid, serratus without weight bearing
- Begin IR ROM to 45 deg in scapular plane

PHASE 4 (12-24 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- No interval throwing program or other overhead sport prior to 6 months
- No collision sport prior to 6 months
- No bench press or push-ups until 6 months

GOALS

- Gradual restoration of IR and horizontal adduction ROM toward symmetry of uninvolved side
- Increase strength, power, endurance of entire shoulder girdle
- Improve proprioception/neuromuscular control
- Integrate trunk needs for motion and strength that are sport/work specific

EXERCISES

- Add IR TheraBand to program with arm in neutral position

- Add gentle posterior capsule stretches such as cross body, hand slide up spine, sleeper stretch
- Continue ER, scapular stabilizer, deltoid, biceps, triceps slow progressive resistive exercise
- Add diagonal patterns and eccentric workouts as strength of cuff below shoulder level normalizes
- When strength is normalized, add plyometric ball tosses, Body Blade (4 to 5 months)

CRITERIA FOR RETURN TO WORK/SPORT

- Cleared by surgeon
- Full AROM all planes of shoulder motion with normalized mechanics
- Normalized muscle strength proportional to work/sport demands