MIDWEST ORTHOPAEDICS at RUSH
SPORTS MEDICINE & SHOULDER

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ARTHROSCOPIC ANTERIOR CAPSULOLABRAL REPAIR REHABILITATION GUIDELINES

The following is a basic framework from which to work during rehabilitation following a shoulder labral repair/bankart repair/anterior capsulorrhaphy.

PHASE I (0-6 WEEKS)

PRECAUTIONS and ACTIVITY GUIDELINES

- Sling wear required 24 hours/day except for basic grooming, showering and home exercises per PT instruction for 4 weeks, followed by 2 week gradual wean from sling
- No active use of the operative arm or movement beyond range restrictions; no heavy lifting even with arm at side
- No stretching beyond PROM restrictions
- PROM restrictions (at 30 degrees abduction in scapular plane):

	0-3 weeks	**3-6 weeks**
Elevation in scapular plane	90	120
ER (30 in scapular plane)	30	45
ER (45 in scapular plane)	NA	30 (after week 4)
IR (45 in scapular plane)		As tolerated

- **AVOID** ER at 90 degrees abduction until after 6 weeks
- No driving while on narcotic pain medication; Sling must be worn if choosing to drive when weaned off pain meds unless sling removal cleared by surgeon
- No bathing until after suture removal and wounds are healed; may shower with water-proof covering over sutures (Tegaderm/Opsite) and it is suggested to wear a second sling for arm support during shower; suture removal during week 2 after surgery
- Return to work as determined by MD/PT dependent on work demands

GOALS

- Patient education about the nature of surgery, associated precautions and expected rehabilitation progression; emphasize that pain (lack thereof) cannot be guideline for progression
- Protection of surgically repaired tissue (capsule, ligaments, labrum, boney lesion)
- Minimize inflammation and pain
- Minimize shoulder stiffness
- Prevent atrophy/contractures of distal musculature and joints during sling use
- Establish a stable scapula

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- Achieve – NOT TO EXCEED – PROM limits stated above

EXERCISES/PT INTERVENTIONS

- Wrist and elbow AROM (remove sling and use caution not to elevate G-H joint)
- Grip strengthening
- Passive elevation and ER per above restrictions
- Active scapular setting: retraction with depression; scapular clocks
- Supported pendulum
- Posture exercises as needed – eg. Seated active thoracic extension with scapular set
- Aquatic Therapy may begin at 2-4 weeks post op: AROM with shoulder totally submerged within range of motion limits. All motions should be done with correct biomechanics, include: scapular plane elevation, horizontal abduction/adduction, IR/ER at 0°, pendulums.

CRITERIA TO PROGRESS TO PHASE II

- PROM limits attained by week 6 (elevation to 120 degrees and ER neutral to 45 degrees)
- Minimal to no pain

PHASE II (6-12 WEEKS)

PRECAUTIONS/ACTIVITY GUIDELINES

- G-H PROM progressed toward full slowly without excessive force
- Avoid excessive or forced abduction and external rotation; **avoid ER >90** at 90 abduction
- Avoid heavy lifting in daily functional use; only use arm for lightweight activity below shoulder level
- No isokinetic strengthening or weight machines
- Sling wear discouraged (except when needed as visible sign of vulnerability in uncontrolled environment in first few weeks of this phase)
- May begin low impact activity such as jogging in controlled environment, elliptical trainer; lower body weight training (can include leg press machine)

GOALS

- Achieve full G-H PROM by 12 weeks but not sooner than 8 weeks
- Minimize/resolve any remaining shoulder pain
- Gain proximal G-H stability with progression from active assisted to active

EXERCISES/PT INTERVENTIONS

6-8 WEEKS POST-OP:

- PROM progressed slowly in clinic and with home exercise program; include posterior capsule/cuff stretches (cross body adduction, sleeper stretch, or hand slide up spine)
- Light manual periscapular and cuff strengthening (rhythmic stabilization at 90, IR/ER at 0° and 45°)

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- Begin elevation progression from supine to reclined and then upright as able with good biomechanics; modify effort with lever arm short (bent elbow) to long (straight elbow) and with limb support (from cane or opposite UE or hand placement on wall, etc…) to unsupported

8-10 WEEKS:

- Grade I-IV G-H joint mobilizations, scapulothoracic joint mobilization if indicated stretching if full PROM has not yet been achieved
- Upper body ergometer (UBE) active exercise with little resistance and comfortable pace
- Rhythmic Stabilization (at 60, 90, and 120 in supine) with progression to PNF in a limited arc with progression to wider arcs
- G-H AROM in biomechanically correct ROM. Should include:
  - Supine serratus "punches", elevation in the scapular plane, side lying ER, IR/ER with yellow Theraband at 0° of abduction, prone extension to hip with scapular retraction/depression

10-12 WEEKS:

- Prone exercises – prone row, horizontal abduction and scaption (row, ←, T, & Y)
- Begin light resistive isotonic strengthening of rotator cuff and periscapular muscles (manual resistance, TheraBand, light dumbbells) in mid-ranges and progress to end ranges as tolerated

CRITERIA TO PROGRESS TO PHASE III

- Full AROM in all planes with good biomechanics (normalized scapulohumeral rhythm)
- Muscle strength 4/5 in rotator cuff and scapular stabilizers

<u>PHASE IV (3-6 months)</u>

PRECAUTIONS and ACTIVITY GUIDELINES

- Should be able to use the arm above shoulder level for lightweight activity initially and then progressing to work/sport specific activities
- Avoid overhead sporting activities until 6 months post surgery date, and at that time only if there is functional motion and strength for the sport/activity in question
- Sports and overhead weight training are generally allowed by the surgeon, with caution, after 6 months.

GOALS

- Maximize strength of rotator cuff muscles, periscapular muscles, and humeral movers (deltoid, latissimus, and pectoralis)
- Functional progression back to work and/or sports

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- Achieve full motion required for sport/work related activitiy (eg. Greater than 90 deg ER at 90 deg abduction in a thrower, tennis player, volleyball hitter, etc.) AVOID aggressive overstretching of the anterior capsule in the population with global laxity
- Integration of full kinetic chain for functional activities (eg.Trunk/hip influence on thrower)

EXERCISE/PT INTERVENTIONS

- G-H joint mobilizations and PROM when indicated
- Progress isotonic strengthening of rotator cuff, periscapular muscles and humeral movers as tolerated (hand weights, TheraBand, weight machines). Work at 20% of maximal effort with increased repetitions and decreased amount of weight
- Isokinetic rotator cuff strengthening in modified position (begin at 120-240°/sec.) Progress to 90° abduction (sitting or supine) and progress speed
- Begin and progress functional training (e.g. plyoball, work/sports-related skills) Refer to physician regarding higher levels of function such as throwing, overhead sports, contact sports
- Eccentric RC strengthening using plyoball, deceleration tosses, T-band
- Core strengthening/flexibility as indicated