



Nebraska Orthopaedic Center, PC

North Office | 575 S 70th St., Suite 200, Lincoln, NE 68510

South Office | 6900 A Street, Lincoln, NE 68510

Main: (402) 436-2000 Fax: (402) 436-2086 NebraskaOrtho.com

REHABILITATION GUIDELINES FOR ARTHROSCOPIC CAPSULAR SHIFT FOR MULTIDIRECTIONAL INSTABILITY Aaron M. Bott M.D.

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

Phase I Surgery to 2 Weeks

Appointments	Physician: 10-14 days postoperatively Physical Therapy: 3-5 days postoperatively 1-2x/week
Guidelines	<ul style="list-style-type: none"> • Shoulder Immobilizer: -Required for soft tissue healing for 6 weeks/Should be worn at all times except for ROM exercises • Range of motion exercises should progress slowly to avoid stretching out repaired tissues • No external rotation or internal rotation with abduction for 6 weeks to protect repaired tissues • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Active elbow, forearm, and wrist ROM exercises immediately • Active cervical spine and scapular ROM exercises immediately • Pendulum exercises immediately • Passive and active-assisted shoulder ROM exercises in all planes (start days 7-10) -Week 2: Flexion and abduction to 90°/ER to neutral (arm at side) • Gentle shoulder mobilizations
Strengthening Exercises	<ul style="list-style-type: none"> • Grip strengthening exercises/Postural exercises
Aerobic Conditioning	<ul style="list-style-type: none"> • Walking/Stationary bike • Avoid impact aerobic conditioning
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • 2 weeks postop • Flexion 70°/ER neutral (arm at side)

ARTHROSCOPIC CAPSULAR SHIFT

Phase II 2 to 6 Weeks Postop

Aaron M. Bott M.D.

Appointments	Physician: 10-14 days and 6 weeks postoperatively Physical Therapy: 1-2x/week
Guidelines	<ul style="list-style-type: none"> • Shoulder Immobilizer: <ul style="list-style-type: none"> -Required for soft tissue healing for 6 weeks -May be removed for ROM exercises -May be removed during the 6th week in safe environments -Should be worn at night from weeks 0-6 -D/C completely 6 weeks after surgery • Range of motion exercises should progress slowly to avoid stretching out repaired tissues • No external rotation or internal rotation in abduction x 6 weeks • No active motion x 4 weeks • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Active elbow, forearm, and wrist ROM exercises immediately • Active cervical spine and scapular ROM exercises immediately • Passive and active-assisted shoulder ROM exercises in all planes <ul style="list-style-type: none"> -Weeks 3-4: Flexion to 90°/Abduction to 80° ER (arm at side) to 20° IR to neutral -Weeks 5-6: Flexion to 140° ER (arm at side) to 30° ER (45° abduction) to 20° IR (45° abduction) to 20° • Active shoulder ROM exercises may commence at week 5 <ul style="list-style-type: none"> -Prone horizontal abduction/rows/shoulder extension/scaption -Theraband shoulder ER/IR with arm at side • Gentle shoulder mobilizations as needed
Strengthening Exercises	<ul style="list-style-type: none"> • Submaximal shoulder isometrics in all planes starting at week 3 • Grip strengthening exercises • Postural exercises
Aerobic Conditioning	<ul style="list-style-type: none"> • Walking/Stationary bike • Avoid impact aerobic conditioning
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • 6 weeks postop • Flexion 140°/ER 30° (arm at side)

ARTHROSCOPIC CAPSULAR SHIFT

Phase III 6 to 12 Weeks Postop

Aaron M. Bott M.D.

Appointments	Physician: 6 weeks and 12 weeks postoperatively Physical Therapy: 1x/1-2 weeks
Guidelines	<ul style="list-style-type: none">• Progress internal and external rotation range of motion gradually to prevent overstressing the repaired posterior and anterior tissues of the shoulder• Avoid passive and forceful movements into the extremes of internal and external rotation, extension, and horizontal abduction• Avoid ER and IR (90° abduction) > 60°• Strengthen shoulder and scapular stabilizers in protected position (0° - 45° abduction)• Avoid closed chain strengthening and other exercises that stress the posterior shoulder• Begin proprioceptive and dynamic neuromuscular control retraining• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none">• Passive, active-assisted, and active ROM in all cardinal planes – assessing scapular rhythm<ul style="list-style-type: none">-Weeks 7-9: Flexion to 160° ER 45° (at 90° abduction)/IR 45° (at 90° abduction)-Weeks 10-12: Flexion to 180° ER 60° (at 90° abduction)/IR 60° (at 90° abduction)• Cervical spine and scapular AROM• Gentle shoulder mobilizations as needed
Strengthening Exercises	<ul style="list-style-type: none">• Rotator cuff strengthening in non-provocative positions (0° - 45° abduction)• Scapular strengthening and dynamic neuromuscular control• Bodyblade in nonprovocative positions with progression to functional positions• Postural exercises• Core strengthening
Aerobic Conditioning	<ul style="list-style-type: none">• Walking• Stationary bike• Stairmaster• No swimming, treadmill, running, or jumping
Modalities	<ul style="list-style-type: none">• Cryotherapy
Progression Criteria	<ul style="list-style-type: none">• 12 weeks postop• Full flexion/60° ABER and ABIR

ARTHROSCOPIC CAPSULAR SHIFT
Phase IV 12 Weeks to 6 Months Postop
Aaron M. Bott M.D.

Appointments	Physician: 12 weeks and 6 months postoperatively Physical Therapy: 1x/2-3 weeks
Guidelines	<ul style="list-style-type: none"> • Months 3-4: <ul style="list-style-type: none"> -All exercises and activities to remain non-provocative and low to medium velocity -Avoid activities where there is a risk of falling or increased stress applied to the arm -No swimming, throwing or sports • Months 4-5: <ul style="list-style-type: none"> -Progress gradually into provocative exercises by beginning with low velocity, known movement patterns -Begin education in sport specific biomechanics with very initial program for throwing swimming, or overhead racquet sports -No swimming • Months 5-6: <ul style="list-style-type: none"> -Progress gradually into sport specific movement patterns -Develop provocative exercises in high velocity, multidirectional movement patterns • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Remove motion restrictions/Focus on achieving full ER and IR in 90° abduction • Posterior glides/sleeper stretches for posterior capsular tightness • Stretching for patient specific muscle imbalances
Strengthening Exercises	<ul style="list-style-type: none"> • Months 3-4: <ul style="list-style-type: none"> -Prone flexion, horizontal abduction -Standing D1/D2 diagonals -TB/cable column/dumbbell IR/ER at 90° of abduction -RAM with supine D2 diagonal • Months 4-5: <ul style="list-style-type: none"> -Dumbbell and medicine ball exercises that incorporate trunk rotation and control with cuff strengthening at 90° of abduction -Balance board in push-up position/Prone swiss ball walk-outs -CKC stabilization with narrow base of support -Higher velocity strengthening and control (plyometrics and rapid theraband drills) • Months 5-6: <ul style="list-style-type: none"> -Incorporate dumbbell and medicine ball exercises at higher velocities -Initiate sport-specific programs (throwing, swimming, overhead racket, etc.)
Aerobic Conditioning	<ul style="list-style-type: none"> • Months 3-5: <ul style="list-style-type: none"> -Walking, stationary bike, stairmaster, and running. No swimming • Months 5-6: <ul style="list-style-type: none"> -Return to sport-specific conditioning regimen
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria/Return to Sports	<ul style="list-style-type: none"> • Full active ROM • Full shoulder/upper extremity strength • Dynamic neuromuscular control with multi-plane activities without instability