

ANTERIOR CAPSULAR SHIFT

The following is a guideline for the post-operative rehabilitation of an individual who has underwent anterior capsular shift. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation, please do not hesitate to contact our office.

MAJOR OBJECTIVES for this rehabilitation are:

- To protect the healing tissues to insure stability of the shoulder.
- Full pain-free range of motion by 8 weeks post-op.
- Achieve adequate muscle control and strength to return to full activities.
- Active range of motion at trunk level allowed at 2 weeks post-op.
ABSOLUTELY NO active lifting of the extremity above shoulder level until 6 weeks post-op.
- **NO** progressive resistance exercises until 6 weeks post-op.
- **ALWAYS** stabilize the scapula when performing strength exercises.
- **ALWAYS** have the patient perform 3-5 home exercises based on their most current needs to assist their recovery.

Day 1 through Week 1

- Use sling at all times except for passive range of motion.
- Utilize fee as needed.
- AROM of the cervical spine, elbow, wrist, and hand.

Week 2 through Week 3

- Above program as needed.
- Patient may discharge sling with approval of doctor.
- Modalities as needed for pain and inflammation.
- Pendulum exercises.
- Scapular Mobilization.

- Passive forward elevation to 90°, flexion to 90°, ER to 45° with the arm at the side in the scapular plane.

Week 4 through Week 5

- Above program as needed
- Progress passive forward elevation and flexion to full. Begin ER/IR at 45° of abduction in scapular plane. Limit to 45° of ER.
- AAROM with pulleys, canes, etc. for above motions.
- Towel stretch for internal rotation.
- Active ER/IR with the arm at the side. Limit to 0° ER to full IR.
- Active scapulothoracic exercises for retraction/protraction and elevation/depression. Maintain the humerus in neutral.
- Sub maximal pain-free isometrics for ER, flexion, abduction, extension and adduction at week 4. IR started at week 5. ER and IR should be performed with a towel roll/pillow between the trunk and arm with the humerus in the scapular plane.

Week 6 through Week 7

- Above program as needed.
- Passive ER at 90° in scapular plane.
- Resisted scapular stabilization exercises while maintaining the humerus in neutral.
 - Theratube and/or progressive resistance exercise program for the rotator cuff and deltoid:
- Begin sub-max and work to max as symptoms dictate.
- All strengthening exercise should be done with proper scapular stabilization.
- ER/IR in scapular plane with slight abduction.
- Deltoid work to 90°.
- Supraspinatus exercise in neutral rotation in scapular plane.
- Passive resistance exercises for biceps/triceps.
- Rhythmic stabilization of glenohumeral joint for ER/IR with arm supported in scapular plane. Sub-maximal with scapular stabilization.
- May begin Upper Body Ergometer (an arm bike)
- Dynamic stability exercises as indicated. (Bodyblade or BOING) Begin in the scapular plane.

Week 8 through Week 11

- Above program as needed.
- Dynamic stability exercises as indicated. (Bodyblade or BOING)
Progress to more provocative positions as tolerated.
- Sub-maximal manual resistance for ER/IR through a pain-free arc of motion. Arm should be supported and in the scapular plane. Progress as tolerated.
- Manual resistance for all motions.
- Emphasize scapular stabilization with all exercises.
- Progress sub-max to max resistance.
- Progress to full-arc motions and PNF patterns as tolerated.
- Progress theratube/passive resistance exercises program for all exercises as tolerated.
- Prone ER with the arm abducted to 90° and the elbow flexed to 90°. Begin with the arm supported on the table, progress to an unsupported position.

Week 12 through return to activity

- Progress strength and proprioception exercises as tolerated.
- Plyometric throwing exercises as needed. (Based on activity level)
- Bodyblade overhead.
- Sport specific and work activities as prescribed by the doctor.
- Return to activity when cleared by the doctor.