

Capsular Shift Rehabilitation Protocol (Accelerated)

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This rehabilitation program goal is to return the patient/athlete to their activity/sport as quickly and safely as possible, while maintaining a stable shoulder. The program is based on muscle physiology, biomechanics, anatomy and the healing process following surgery for a capsular shift.

The capsular shift procedure is one where the orthopedic surgeon makes an incision into the ligamentous capsule of the shoulder and pulls the capsule tighter and then sutures together.

The ultimate goal is a functional stable shoulder and a return to a pre-surgery functional level.

Phase I: Protection Phase (week 0-4)

- Goals:
1. Allow healing of sutured capsule
 2. Begin early protected range of motion
 3. Retard muscular atrophy
 4. Decrease pain/inflammation

Week 0-2

Precautions:

1. Sleep in immobilizer for 4 weeks
2. No overhead activities for 6 weeks
3. Wean from immobilizer and into sling as soon as possible (orthopedist or therapist will tell you when)

Exercises:

- Gripping exercises with putty
- Elbow flexion/extension and pronation/supination
- Pendulum exercises
- Rope and pulley active assisted exercises
 - Shoulder flexion to 90°
 - Shoulder abduction to 60°
- T-bar exercises
 - ER to 45° with arm abducted at 40°
 - Shoulder flexion/extension
- AROM cervical spine
- Isometrics (Flexors, Extensors, ER, IR, abductors)

Weeks 2-4

- Goals: 1. Gradual increase in ROM

2. Normalize arthrokinematics
3. Improve strength
4. Decrease pain/inflammation

Exercises:

- T-bar active assisted exercises
 - ER to 60° at 90° of shoulder abduction
 - IR to 65° at 90° of shoulder abduction
 - Shoulder flexion/extension to tolerance
 - Shoulder abduction to tolerance
 - Shoulder horizontal abduction/adduction
 - Rope and pulley flexion/extension

*All exercises performed to tolerance. Take to point of pain and/or resistance and hold. Gentle self capsular stretches.

- Gentle joint mobilization to reestablish normal arthrokinematics to:
 - Scapulothoracic joint
 - Glenohumeral joint
 - Sternoclavicular joint
- Strengthening exercises
 - Isometrics
 - May initiate theraband for ER/IR at 0° abduction
- Conditioning program
 - Trunk
 - Lower extremities
 - Cardiovascular
- Decrease pain/inflammation
 - Ice, NSAID, modalities

Phase II – Intermediate Phase (week 4-8)

- Goals:
1. Full, non-painful ROM at week 6
 2. Normalize arthrokinematics
 3. Increase strength
 4. Improve neuromuscular control

Week 4-6

- ROM exercises
 - T-bar active assisted exercises
 - Continue all exercises listed above
 - Gradually increase ROM to full ROM week 6
 - Continue self capsular stretches
 - Continue joint mobilization
- Strengthening exercises
 - Initiate isotonic dumbbell program
 - Sidelying ER
 - Sidelying IR
 - Shoulder abduction
 - Supraspinatus
 - Latissimus dorsi

- Rhomboids
- Biceps curls
- Triceps extensions
- Shoulder shrugs
- Push – ups into chair (serratus anterior)
- Continue theraband at 0° for ER/IR
- Initiate neuromuscular control exercises for scapulothoracic joint

Week 6-8

- Continue all exercises listed above
- Initiate tubing exercises for rhomboids, latissimus dorsi, biceps and triceps

Phase III – Dynamic Strengthening Phase (week 9-15)

Week 9-12

Goals: 1. Improve strength/power/endurance
 2. Improve neuromuscular
 3. Prepare athlete to throw

Criteria To Enter Phase III

1. Full non-painful ROM
2. No pain or tenderness
3. Strength 70% or better compared to contralateral side

Emphasis Of Phase III:

- High speed, high energy exercises
- Eccentric exercises
- Diagonal patterns

Exercises

- Throwers ten exercises
 - Theraband for rhomboids
 - Theraband for latissimus dorsi
 - Theraband for biceps
 - Theraband for diagonal patterns D2 extension
 - Theraband for diagonal patterns D2 flexion
 - Continue dumbbell exercises for supraspinatus and deltoid
 - Continue serratus anterior strengthening exercises push-ups floor
- Continue trunk/LE strengthening exercises
- Continue neuromuscular exercises
- Continue self capsular stretches

Week 12-15

- Continue all exercises above
- Initiate plyometrics for shoulder
- ER at 90° abduction
- IR at 90° abduction
- D2 extension plyometrics
- Biceps plyometrics
- Serratus anterior plyometrics

Phase IV – Throwing Phase (week 16-20)

Goal: Progressively increase activities to prepare patient for full functional return

Criteria To Progress To Phase IV:

1. Full ROM
2. No pain or tenderness
3. Satisfactory clinical exam

Exercises:

- Initiate interval throwing program
- Continue throwers ten exercises
- Continue plyometric five exercises
 - Interval throwing program at 20th week
 - Interval throwing program phase II – 24th week
 - Return to sports – 26th week