

POSTERIOR CAPSULAR SHIFT REHABILITATION PROTOCOL

The goal of this rehabilitation program is to return the patient/athlete to their activity/sport as quickly and safely as possible while maintaining a stable shoulder. This program is based on shoulder anatomy, biomechanics and the healing constraints of the surgical procedure. The posterior capsular shift procedure is one where the orthopedic surgeon makes an incision into the ligamentous capsule of the posterior shoulder then pulls the capsule tighter and sutures it together.

PHASE I: PROTECTION PHASE (WEEK 0-5)

GOALS:

- Allow healing of sutured capsule
- Initiate early protected range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

WEEK 0-4:

EXERCISES:

- Gripping exercises with putty
- Active elbow flexion/extension and pronation/supination
- AROM cervical spine
- PROM progressing to AAROM as tolerated for:
 - ER to 45°
 - Abduction to 90°
- Submaximal shoulder isometrics:
 - Flexion
 - Abduction
 - Extension
 - External rotation

**in general all exercises begin with 1 set of 10 repetitions and should increase by 1 set of 10 repetitions daily as tolerated to 5 sets of 10 repetitions*

**ICE:*

- *Ice before and after exercises for 20 minutes*
- *Ice up to 20 minutes per hour to control pain and swelling*

CRITERIA FOR HOSPITAL DISCHARGE:

1. Passive shoulder ROM 90° abduction/45° ER
2. Minimal pain and swelling
3. “Good” proximal and distal muscle power

WEEK 4-6

GOALS:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation

1. ROM exercises

- T-bar active assisted exercises
- ER from 45° to 90° shoulder abduction
- Shoulder abduction to tolerance
- Shoulder flexion to 90°
- Rope and pulley
- Shoulder flexion to 90°

**all exercises should be performed to tolerance*

**take to the point of pain and/or tolerance and hold (5 seconds)*

GENTLE SELF CAPSULAR STRETCHES

2. Gentle joint mobilizations to reestablish normal

- Arthrokinematics and Scapulothoracic joint

- Glenohumeral joint – avoid posterior glides
- Sternoclavicular joint
- 3. Strengthening exercises
 - Active abduction to 90°
 - Active ER neutral to 90°
 - Elbow/wrist PRE program
- 4. Conditioning program for:
 - Trunk
 - Lower extremities
 - Cardiovascular endurance
- 5. Decrease pain/inflammation
 - Ice, NSAID, modalities

PHASE II- INTERMEDIATE PHASE (WEEK 6-12)

GOALS:

- Full, non-painful ROM at week 8 (except IR)
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control

WEEK 6-9

1. ROM exercises
 - T-bar active assisted exercises
 - ER to tolerance
 - Shoulder abduction to tolerance
 - Shoulder flexion to tolerance
 - Rope & pulley: flexion and abduction
2. Continue Joint Mobilization
3. Strengthening exercises

- Tubing for IR/ER at 0° abduction
- Initiate isotonce dumbbell program
 - Shoulder Abduction
 - Shoulder Flexion
 - Latissimus Dorsi
 - Rhomboids
 - Biceps Curl
 - Triceps Kick-out over table
 - Shoulder shrugs
 - Push-ups onto wall (serratus anterior)

4. Initiate neuromuscular Control Exercises for Scapulothoracic Joint

WEEK 10-12

1. Continue all exercises listed above
2. Initiate
 - Internal rotation 90/90 position
 - Dumbbells supraspinatus
 - Tubing exercises for rhomboids, latissimus dorsi, biceps and triceps
 - Progressive push-ups

CRITERIA TO ENTER PHASE III

1. Full, non-painful ROM
2. No pain/tenderness
3. Strength 70° of contralateral side

PHASE III – DYNAMIC STRENGHTENING PHASE (WEEK 12-18)

WEEK 13-15

GOALS:

- Improve strength/power/endurance

- Improve neuromuscular control

EMPHASIS OF PHASE III

- High speed/high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns

EXERCISES

1. Continue IR/ER tubing exercises at 0° abduction (arm at side)
 - Tubing for rhomboids
 - Tubing for latissimus dorsi
 - Tubing for biceps/triceps
 - Tubing for diagonal D2 flexion pattern
 - Continue dumbbell exercise for supraspinatus/deltoid
 - Progressive serratus anterior push-up - anterior flexion
2. Continue trunk/LE strengthening and conditioning exercises
3. Continue neuromuscular exercises
4. Continue self capsular stretches

WEEK 16-20

- Continue all exercises as above
- Emphasis on gradual return to recreational activities

CRITERIA TO PROGRESS TO PHASE IV

1. Full ROM
2. No pain/tenderness
3. Satisfactory clinical exam
4. Satisfactory isokinetic test

PHASE IV – RETURN TO ACTIVITY (WEEK 21-28)

GOALS:

- Progressively increase activities to prepare patient for unrestricted functional return

EXERCISES

- Continue tubing/dumbbell exercises outlined in Phase III
- Continue ROM exercises
- Initiate interval programs between 24-26 weeks (if patient is a recreational athlete)