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Capsular Shift General Rehabilitation Protocol

This rehabilitation program's 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 the capsule together. The ultimate goal is a functional stable shoulder and a pain free return to pre-surgery functional level. Compliance to your rehabilitation program is critical to the patient's ultimate outcome.

I. Phase I - Protection Phase (Week 0-8)

Goals:

- Allow healing of sutured capsule
- Begin early protected and restricted range of motion
- Retard muscular atrophy and enhance dynamic stability
- Decrease pain and inflammation

Brace

- Patients with bi-directional instability are placed in sling for 4-6 weeks
- Patients with multi-directional instability are placed in abduction brace for 4-6 weeks

Week 0-2

Precautions:

- Sleep in immobilizer for 4 weeks
- No overhead activities for 6-8 weeks
- Compliance to rehab program is critical

Exercises:

- Wrist, hand, gripping
- Elbow flexion/extension and pronation/supination
- Pendulum exercises (non-weighted)
- AROM cervical spine
- Isometrics
 - Flexors, extensors, ER, IR, ABD
 - Rhythmic stabilization drills ER/IR
 - Proprioception drills

Week 3-4

Goals:

- Gradual increase in range of motion
- Normalize arthrokinematics (small amplitude motions of bones at joint surface)
- Improve strength
- Decrease pain and inflammation

Exercises:

Initiate range of motion exercises

- L-bar active assisted exercises, gentle PROM exercises, ER at 30 degrees scapular plane to 10-15 degrees
- IR at 30 degrees scapular plane to 15-20 degrees
- Shoulder flexion to 70 degrees week 3
- Rope & pulley flexion to 70-90 degrees

Strengthening exercises

- Isometrics
- Rhythmic stabilization exercises
- May initiate tubing for ER/IR at 0 degrees
- Proprioception drills
- Scapular strengthening exercises

Conditioning program for

- Trunk
- Lower extremities
- Cardiovascular

Decrease pain/inflammation

- Ice, NSAID, modalities

Week 5-8

Goals:

- Gradual increase in range of motion
- Normalize arthrokinematics (small amplitude motions of bones at joint surface)
- Improve strength
- Decrease pain and inflammation

Exercises:

- Continue all exercises listed above
- Range of motion exercises – L-Bar active assisted exercises
- Base rate of range of motion progress on amount of motion and end feel
- ER at 40 degrees abduction scapular plane to 40 degrees at week 5
- IR at 40 degrees abduction scapular plane to 45 degrees
- Flexion to 125 degrees week 5-6
- Strengthening exercises
 - Initiate active range of motion week 5
 - Rhythmic stabilization drills
 - Emphasize rotator cuff strengthening

II. Phase II – Intermediate Phase (Week 8-14)

Goals:

- Full non-painful range of motion at week 10-12
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control

Range of Motion Exercises:

- L-Bar active assisted exercises at 90 degrees abduction
- Flexion to 145-150 degrees
- ER at 90 degrees abduction to 70 degrees
- IR at 90 degrees abduction 55 degrees
- Goal to obtain 80% (at week 10) of full range of motion

Strengthening Exercises:

- Initiate isotonic dumbbell program
 - Side-lying ER
 - Side-lying IR
 - Shoulder abduction to 90 degrees
 - Supraspinatus (full can)
 - Latissimus dorsi prone rowing
 - Rhomboids horizontal abduction
 - Biceps curls
 - Triceps curls
 - Pushups into chair (serratus anterior)
- Continue tubing at 0 degrees for ER/IR
- Continue stabilization exercises for the glenohumeral joint
- Scapular strengthening and neuromuscular exercises
- Initiate neuromuscular control exercises for scapulothoracic joint

III. Phase III – Dynamic Strengthening Phase (Week 14-22)

***Aggressive strengthening or stretching program based on type of patient. (Therapist and/or physician will determine.)

Week 14-17

Goals:

- Improve strength, power and endurance
- Improve neuromuscular control
- Prepare patient for gradual return to sports

***Criteria to Enter Phase III:

1. Full non-painful range of motion (patient must fulfil this before progressing to this phase).
2. No pain or tenderness
3. Strength 70% or better compared to the contralateral side

Exercises:

- Fundamental shoulder exercises (emphasis on neuromuscular control drills, PNF rhythmic stabilization, rotator cuff strengthening and scapular strengthening)
- Continue tubing exercises for IR/ER at 0 degrees ABD (arm at side)
- Continue isotonic: for rhomboids and lower trapezius
 - For latissimus dorsi
 - For biceps
 - For diagonal patterns D2 extension with RS
 - For diagonal patterns D2 flexion with RS
- Continue dumbbell exercises for supraspinatus and deltoid
- Continue serratus anterior strengthening exercises push-ups floor
- Continue closed kinetic chain drills
- Continue trunk/LE strengthening exercises
- Continue neuromuscular exercises and proprioception drills

Week 18-22

- Continue all exercises above
- Emphasis on gradual return to restricted recreational activities (no overhead sports)

IV. Phase IV – Return to Activity (Week 22-30)**Goals:**

- Progressively increase activities to prepare patient for full functional return

Criteria to Progress to Phase IV:

- Full range of motion
- No pain or tenderness
- Muscle strength test that fulfills criteria
- Satisfactory clinical exam

Exercises:

- Initiate interval sports programs (if patient is a recreational athlete, usually at 6-7 months)
- Continue strengthening exercises
- Fundamental shoulder strengthening exercises
- Core stabilization drills
- Endurance training