

Multi-directional Shoulder Instability (Pan Capsular Plication) Post-surgical Rehabilitation Protocol

The following is a protocol for post-operative patients following multi-directional shoulder instability. The primary goal of this protocol is to protect the repair while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a guideline. Patients with additional surgery will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration. If a patient should develop an increase in pain or swelling or decrease in motion at any time, activity should be decreased until problems are resolved.

GENERAL CONSIDERATIONS

- Evaluate overall laxity of patient's joints
- Avoid stressing suture line during early healing. General rule is no stress for 6 weeks, progress stress after 6 weeks.
- Modify strengthening exercise positions to protect the capsular repair site

POST-OP DAYS 1 – 14

- Sling with external rotation brace x 6 weeks – Even while sleeping
 - Maintain shoulder in neutral rotation, not IR
 - Place pillow under shoulder / arm while sleeping for comfort
- Hand squeezing exercises
- Elbow and wrist active motion (AROM) with shoulder in neutral position at side
- Supports pendulum exercises
- Shoulder shrugs / scapular retraction without resistance
- Ice pack

GOALS

- Pain control
- Protection

WEEKS 2 - 6

- Continue sling x 6 weeks
- Continue appropriate previous exercises

- Full pendulum exercises
- Submaximal isometrics x 6 (pain-free)
- UBE – Forwards and backwards at low resistance – **4 WEEKS**
- Resisted elbow / wrist exercises (light dumbbell)
- Active assisted motion (AAROM) supine with wand
 - Flexion to 90 degrees
 - Abduction to 45 degrees
 - ER to 25 degrees
 - NO IR x 6 weeks
- 1-2 Finger isometrics x 6 (fist in box)
- Stationary bike (must wear sling)

GOALS

- AAROM Flexion to 90 degrees, abduction 45 degrees
 - 3/5 MMT deltoid + rotator cuff
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WEEKS 6 - 12

- D/C sling, continue appropriate previous exercises
- AAROM (wand, wall climb, pulleys, doorway stretch) through full range
- PROM / mobilization as needed to regain full ROM
- AROM through full range
- Rotator cuff strengthening with light Theraband
 - ER and IR with arm at side and pillow or towel roll under arm
 - Flexion to 90 degrees
 - Abduction to 90 degrees
 - Scaption to 90 degrees
 - Extension to 45 degrees
- Prone scapular retraction exercises with light weight
- Standing rows with Theraband
- Push-up progression – wall to table (no elbow flexion > 90 degrees)

- Body Blade
- Ball on wall (arcs, alphabet)
- Seated row with light resistance
- BAPS on hands

- Ball toss with arm at side
- Treadmill – Walking to running progression program
- Elliptical trainer / Stairmaster
- Pool walking / running – No UE resistive exercises

GOALS

- Full AROM
 - Normal rotator cuff strength
 - 30 wall push-ups progressing to 30 table push-ups
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MONTHS 4 – 6

- Continue appropriate previous exercises
- Push-ups, regular – No elbow flexion >90 degrees
- Sit-ups
- Swimming
- Running progression to track
- Progressive weight training – No elbow flexion >90 degrees
- Transition to home / gym program

GOAL

- Resume all activities

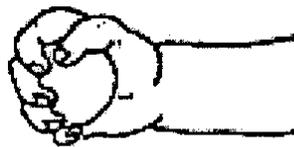
****NO CONTACT SPORTS UNTIL 6 MONTHS POST-OP****



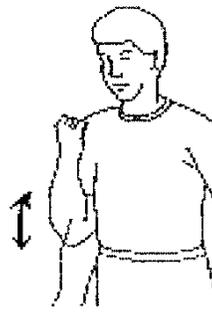
SHOULDER POST-OP PHASE I

Perform exercises below frequently: 30 reps, 3 – 5x a day

Grip Squeeze



Elbow active range of motion



Pendulum



Shoulder Shrugs



Ice x 10-15min 2-3 x per day

