Hays Medical Center

Shoulder Instability – Post-Op Capsular Shift

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

Note: This protocol may be used for conservative treatment of shoulder instability as well as post-operative Capsular shift protocol.

PHASE I: (Immediate Post-Op)

Week 1 - 2

Orthotics-
1. Use of sling, worn at all times except for exercise

Modalities (PRN)-
1. Cryotherapy for pain and inflammation
2. Electrical Stimulation
3. Pulsed low-frequency ultrasound for pain and inflammation

ROM-
1. Active hand, wrist, forearm, and elbow to full

Exercises-
1. Hand Grip strengthening / Isometrics
2. Wrist / Elbow Isometrics (Sub-maximal, Sub-painful)

Week 3– 6

Orthotics-
1. Use of sling, worn at all times except for exercise

Modalities (PRN)-
1. Cryotherapy for pain and inflammation
2. Electrical Stimulation
3. Pulsed low-frequency ultrasound for pain and inflammation

ROM-
1. Active hand, wrist, forearm, and elbow to full
2. Passive shoulder ROM only:
3. Progress SLOWLY to 90˚ of flexion, 90˚ abduction, and External Rotation to 0˚ by Week 7.
   Internal Rotation ROM as tolerated
   All IR/ER passive stretching at 0-30˚ abduction

Exercises-
1. Hand Grip strengthening / Isometrics
2. Wrist / Elbow Isometrics (Sub-maximal, Sub-painful)
3. Passive pendulum / Codman's
4. **Week 3-4:** Begin Shoulder Isometrics within ROM limitations (Sub-maximal, Sub-painful)

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Week 7 – 11

Orthotics-

1. Gradually discontinue use of arm sling as tolerated

Modalities (PRN)-

1. Continue Phase 1 modalities as needed

ROM-

1. Progress SLOWLY with goal of full ROM by the end of Week 12
2. May begin Active and AAROM as tolerated in all planes
3. IR and ER stretching and exercises at 0-60 abduction only
4. No Resisted ER until week 12

Exercises-

1. Resisted / isotonic strengthening for wrist, forearm, elbow
2. Initiate resisted scapulo-thoracic strengthening
3. May begin overhead pulleys (Passive only)
4. May start light shoulder and rotator cuff isotonics (NO Resisted ER until Wk 12)
5. Upper Extremity Bike – begin with no/low resistance and progress as tolerated

PHASE II: (Strengthening)

Week 12 – 16

ROM-

1. Begin IR / ER stretching and exercises at 90 abduction
2. Active Assistive and Active ROM progressing to full
3. Maintain full Passive ROM

Exercises-

1. Isotonic / resisted strengthening of RTC and shoulder musculature through full ROM
2. Begin resisted strengthening of ER
3. May progress to Body Blade / rhythmic stabilization exercises
4. Be sure to watch control and scapular substitution

Week 17 – 19

Exercises-

1. May progress to light isotonic RTC strengthening at 90/90
2. Progress to aggressive total arm strengthening
   Including free weight and weight machines
3. Initiate low level plyometrics
   Begin with 2-handed, below chest level
   Progress to overhead and finally 1-handed drills
4. Isokinetics (IR/ER at 300-360 degrees/second)

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PHASE III: (Advanced Strengthening)

Week 19+

Modalities (PRN)-

1. Continue modalities as needed

ROM-

1. Maintain full non-painful Active ROM

Exercises-

1. Isokinetics (IR/ER at 240-300 degrees/second)
2. Initiation of light sports activity
   See Interval Golf, Interval Racquet, and Interval Throwing programs
3. Isokinetic Test at 240, 270, and 300 degrees/second for MD review for full release to sport activity
4. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function

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