

## **Rehabilitation Protocol** **Anterior Capsular Shift (Open)**

### **Phase I: Protect Repair** (*0 to 6 weeks after surgery*)

- Patients may shower immediately over clear plastic, waterproof dressing
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:
  - Immediate elbow, forearm and hand range of motion out of sling
  - Pendulum exercises
  - Passive and active assistive ER at the side to 30, flexion to 130
- May start active scapular mobility exercises at 3 to 4 weeks – Must keep the shoulder musculature relaxed.
- AVOID range of motion into abduction, ER >30 degrees or ACTIVE IR

### **Phase II: Progress ROM & Protect Repair** (*6 to 12 weeks after surgery*)

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Advance active and passive ROM:
  - ER at the side and flexion to tolerance
  - Scapular plane elevation to 130
  - IR and extension to tolerance
- Initiate gentle rotator cuff strengthening, EXCEPT IR.
- Continue scapular stabilizer strengthening.
- Avoid combined abduction and ER ROM, active or passive.
- Avoid active or resistive IR.

### **Phase III: Full Function** (*greater than 3 months after surgery*)

- Begin combined abduction and ER ROM and capsular mobility.
- Discontinue lifting restrictions.
- Begin subscapularis strengthening.
- Advance rotator cuff and scapular stabilizer strengthening.
- Initiate functional progression to sports specific activities at 4 months.