

# ANTERIOR CAPSULAR SHIFT REHABILITATION PROTOCOL

Therapist.....

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 orthopaedic 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 return to pre-surgery functional level.

## **Start Protocol Here at Week 2**

### **1. PHASE 1 – PROTECTION PHASE (Week 0 – 6)**

**Goals:** Allow healing of sutured capsule  
Begin early protected range of motion  
Retard muscular atrophy  
Decrease pain/inflammation.

#### **A. Week 0 – 2**

##### **Precautions:**

1. Sleep in immobiliser for 4 weeks
2. No overhead activities for 4 – 6 weeks
3. Wean from immobiliser and into sling as soon as possible (orthopaedist or therapist will tell you when).

##### **Exercises**

- Gripping exercises with putty
- Elbow flex/extension and pronation/supination
- Pendulum exercises (non-weighted)
- Rope and Pulley active assisted exercises
  - shoulder flexion to 90 degrees
  - shoulder abduction to 60 degrees
- T-Bar exercises
  - external rotation to 15-20 degrees with arm abducted at 40 degrees
  - shoulder flexion/extension to tolerance
- AROM cervical spine
- Isometrics
  - flexors, extensors, ER, IR, ABD.

**Criteria for Hospital Discharge**

1. Shoulder range of motion (AAROM) flexion 90 degrees, abduction 45 degrees, ER 40 degrees.
2. Minimal pain and swelling
3. "Good" proximal and distal muscle power

**B. Week 2 – 4**

**Goals:** Gradual increase in ROM  
Normalise arthrokinematics  
Improve strength  
Decrease pain/inflammation

1. Range of Motion Exercises

T-Bar active assisted exercises  
ER @ 40 degrees ABD to 45 degrees  
IR @ 40 degrees ABD to 45 degrees  
Shoulder flex/ext to tolerance  
Shoulder abduction to tolerance  
Shoulder horizontal ABD/ADD  
Rope & Pulley flex/ext.

- All exercises performed to tolerance
  - Take to point of pain and/or resistance and hold
  - Gentle self capsular stretches

2. Gentle joint mobilisation to re-establish normal arthrokinematics to:

- scapulothoracic joint
- glenohumeral joint
- sternoclavicular joint

3. Strengthening exercises

- isometrics
- may initiate tubing for ER/IR at 0 degrees.

4. Conditioning program for:

- trunk
- lower extremities
- cardiovascular

5. Decrease pain/inflammation

- ice, NSAID, modalities

**C. Week 5**

- AARM flexion to tolerance
- IR?ER @ 45 degrees ABD to tolerance
- Initiate isotonic (light wt.) strengthening
- Gentle joint mobilisation (Grade III)

**D. Week 6**

- AARCM. Continue all strengthening exercises
- Progress ER/IR @ 90 degrees abduction

**B. PHASE 2 – INTERMEDIATE PHASE (Week 7 – 12)**

**Goals:** Full non-painful ROM at week 8 – 10  
Normalise arthrokinematics  
Increase strength  
Improve neuromuscular control.

**A. Week 7 – 10**

1. Range of Motion Exercises  
T-Bar active assisted exercises  
Continue all exercises listed above  
Gradually increase ROM to full RO week 8 to 10  
Continue self capsular stretches  
Continue joint mobilisation

2. Strengthening Exercises  
Initiate isotonic dumbbell program
  - side lying ER
  - side lying IR
  - shoulder abduction
  - supraspinatus
  - latissimus dorsi
  - rhomboids
  - biceps curls
  - triceps curls
  - shoulder shrugs
  - push-ups into chair serratus anterior)

Continue tubing at 0 degrees for ER/IR.

3. Initiate Neuromuscular Control Exercises for Scapulothoracic Joint.

**B. Week 10 – 12**

1. Continue all exercises listed above
2. Initiate tubing exercises for rhomboids, latissimus dorsi, biceps and triceps
3. Initiate aggressive stretching and joint mobilisation, if needed.

**PHASE 3 – DYNAMICS STRENGTHENING PHASE (Week 12 – 20)**

Advanced Strengthening Phase.

**A. Week 12 – 17**

**Goals:** Improve strength/power/endurance  
Improve neuromuscular control  
Prepare athlete to begin to throw.

**1. Criteria to Enter Phase III**

- a. Full non-painful ROM
- b. No pain or tenderness
- c. Strength 70% or better compared to contralateral side.

**Emphasis of Phase III**

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

**Exercises**

**Throwers Ten Exercises:**

- Initiate tubing exercises in 90/90 position for IR and ER (slow sets, fast sets)
- Tubing for rhomboids
- Tubing for latissimus dorsi
- Tubing for biceps
- Tubing for diagonal patterns D2 extension
- Tubing for diagonal patterns D2 flexion
- Continue dumbbell exercises for supraspinatus and deltoid
- Continue serratus anterior strengthening exercises push-ups floor.

**2. Continue trunk/LE strengthening exercises**

**3. Continue neuromuscular exercises**

**4. Continue self capsular stretches**

**B. Week 17 - 20**

- Continue all exercises above
- Initiate plyometrics for shoulder
- ER at 90 degrees ABD
- IR at 90 degrees ABD
- D2 extension plyometrics
- Biceps plyometrics
- Serratus anterior plyometrics

**IV PHASE IV – THROWING PHASE (Week 20 – 28)**

**Goals:** Progressively increase activities to prepare patient for full functional return.

**Criteria to Progress to Phase IV**

1. Full ROM
2. No pain or tenderness
3. Isokinetic test that fulfills criteria to throw
4. Satisfactory clinical exam.

**Exercise:**

- Initiate interval throwing program
- Continue throwers ten exercises
- Continue plyometric five exercises

**A.** Interval Throwing Program at 20<sup>th</sup> week.

1. Interval Throwing Program Phase II – 24<sup>th</sup> week

**B.** Return to Sports: 26 – 30 weeks.