



ORTHOPEDIC AND SPORTS MEDICINE CENTER

SPORTS MEDICINE DIVISION
COMBINED REHAB PROTOCOLS

Posterior Capsular Repair Rehab Protocol

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TIMELINE

GOALS

EXERCISES/METHODS

<p>Early Post-operative Day 1-week 4</p>	<ol style="list-style-type: none"> 1. Protection of the post-surgical shoulder 2. Minimize shoulder pain and inflammatory response 3. ROM of uninvolved joints 4. Gradually restore shoulder ROM 5. Maintain cardiovascular endurance (walking and stationary bike w. sling on) 6. Patient Education: posture, joint protection, positioning, hygiene, restrictions 	<ul style="list-style-type: none"> • Postural exercises • Cervical spine and scapular AROM • Elbow, forearm and wrist active ROM • Hand gripping • Passive ROM for shoulder elevation to 90 deg and external rotation in neutral • Sub-max shoulder isometrics • Desensitization techniques for axillary nerve distribution if necessary
<p>Goals/Restrictions/Milestones: Appropriate tissue healing from surgery Pain free within allowed ROM restrictions</p>		
<p>Week 4-8</p>	<ol style="list-style-type: none"> 1. Full AAROM in all cardinal planes, except shoulder IR and horizontal adduction 2. Progress IR ROM gradually starting at 6 weeks to prevent over stressing posterior capsule 3. Begin to restore proprioceptive awareness: Joint position sense and kinesthetic awareness of shoulder joint to improve stability 4. Initiate scapular strengthening and stability 	<ul style="list-style-type: none"> • Proprioceptive awareness activities • Scapulothoracic dynamic stabilization and strengthening <ul style="list-style-type: none"> • Side lying rhythmic stabilization at scapula and light resistance in all planes • AAROM in all planes, respect IR precautions <ul style="list-style-type: none"> • Wall slides (add ball for stability), wand exercises, pulleys • No CKC positions due to stress on repair • Avoid passive and forceful movements into shoulder internal rotation and horizontal abduction
<p>Goals/Restrictions/Milestones: Full passive and AAROM in all planes, respect IR and horizontal abduction precautions</p>		
<p>Moderate Activity: 7-12 weeks</p>	<ol style="list-style-type: none"> 1. Full shoulder AROM in all planes with normal scapulohumeral movement 2. Normal (5/5) MMT shoulder strength at neutral and 45 degrees of abduction 3. Normal (5/5) peri-scapular strength 	<ul style="list-style-type: none"> • Gradually restore normal IR • AROM in all planes progressing from supine, to side lying, to gravity dependent positions, to exercises with emphasis on trunk stability [i.e. UE elevation with back on wall, prone AROM on physioball] • Initiate strengthening with higher repetitions and lighter resistance
<p>Goals/Restrictions/Milestones: Normal (5/5) shoulder MMT strength at neutral and 45 degrees of abduction Normal (5/5) peri-scapular strength</p>		

BRACING/SLING

- Gun Slinger 6 weeks

ROM RESTRICTIONS

- PROM Restrictions
- FE: 90 x 4 weeks
- ER: Full
- IR: 0 x 6 weeks
- ABD: 90 x6 weeks
- Horizontal Add: 0 x 8 weeks

WEIGHT BEARING

- 5lbs for 6 weeks
- 20 lbs from 6-12 weeks

OTHER RESTRICTIONS AND KEY CONSIDERATIONS

- No end range posterior capsule mobilization for 8 weeks
- No end range stretching for 8 weeks

TIMELINE

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<p>12-18 Weeks</p>	<ol style="list-style-type: none"> 1. Demonstrate dynamic stability at shoulder complex with higher velocity movements 2. Perform static and dynamic closed chain exercises maintaining good shoulder and trunk stability 3. 5/5 MMT shoulder strength at 90 deg of abduction 	<ul style="list-style-type: none"> • CKC positions: progress from static positions, ensuring that patient can maintain scapulo-thoracic stability, to dynamic activities • Gradually progress into provocative exercises beginning with low velocity forces close to joint. • Exercises that emphasize trunk rotation and shoulder complex strength/stability at 90 degrees of abduction • Introduce more functional activities that incorporate shoulder exercises with hip and trunk strength and control [Step ups + static holds with medicine ball and D1/D2 patterns, deadlifts, carries, pull ups, inverted rows, push ups, sled push/pull] • Education related to sport specific biomechanics Avoid posterior shoulder pain • Muscle soreness following exercise and rehabilitation should be mild and last no longer than 24-48 hours
<p>Goals/Restrictions/Milestones: Normal and symmetrical Y balance test 5/5 MMT shoulder strength at 90 deg of abduction No shoulder apprehension or impingement signs</p>		
<p>Weeks 18+</p>	<ol style="list-style-type: none"> 1. Patient will demonstrate higher velocity movements and change of direction movements at shoulder with motions that replicate sport specific patterns 2. Improve trunk and hip strength and stability to prevent compensatory stresses at shoulder 3. Improve conditioning specific to demands of sport 	<ul style="list-style-type: none"> • Higher velocity strengthening and control, such as plyometrics, rapid resisted tubing, rhythmic stabilization • Exercises that emphasize trunk rotation and shoulder complex stability at 90 degrees of abduction and functional activities that incorporate shoulder exercises with hip and trunk strength and control • Introduce throwing, swimming, or racquet program as needed • Plyometric activities: <ul style="list-style-type: none"> • 2 hand activities close to body and progress to away from body, then transition to one hand close to body and away from body

SHOWERING

1. May Shower day 1 after surgery
2. Must "waterproof" surgical site for 5 days after surgery
3. No submerging wounds for 4 weeks

WOUND CARE

1. Remove everything except steri strips the day after surgery
2. Place clean gauze or op-site on wounds daily for 5 days

MEDICATIONS

1. Pain medicine only as needed. Wean off as soon as possible

RETURN TO PLAY CRITERIA

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UW Health Rehabilitation Guidelines for posterior shoulder reconstruction with or without labral repair
American Society of Shoulder and Elbow Therapists consensus rehabilitation guidelines for
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