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REHABILITATION GUIDELINES FOR POSTERIOR AND POSTERIOR/INFERIOR CAPSULAR SHIFT

PHASE I (0-6 WEEKS) DATES:

Appointments	Physical therapy 2 x per week
Rehabilitation Goals	O-3 weeks Allow/promote healing of repaired posterior capsule Initiate early protected ROM Minimize muscular atrophy Decrease pain and inflammation 4-6 weeks Gradual increase in ROM Normalize arthrokinematics Improve strength
Precautions	 Postoperative brace in 30-45° abduction, 15° ER for 4-6 weeks Brace to be worn at all times with the exception of exercise activity and bathing No overhead activity No flexion, ABD for first 4 weeks Avoid posterior GH glides
Suggested Therapeutic Exercises	 O-3 weeks Gripping with putty AROM elbow flexion/extension and pronation/supination AROM cervical spine PROM progressing to AAROM of GH joint ER to 25-30° at 30-45° of abduction IR to 15-25° at 30-45° of abduction (begin week 3) Pain-free, submaximal shoulder isometrics in the plane of the scapula Flexion, ABD, extension, ER (avoid IR at this point) 4-6 weeks Gentle joint mobilizations (grades I-II) AC joint, SC joint, ST joint, GH joint (avoid posterior glides) AAROM of GH joint ER in multiple planes of shoulder ABD (up to 90°) Shoulder flexion to tolerance Elevation in the plane of the scapula to tolerance

POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT

	 Shoulder ABD (pure) to 90° IR 35-45° of abduction Gentle self-capsular stretches as needed/indicated AROM of GH Abduction to 90° ER to 90° IR to 35° Elbow/wrist progressive resistive exercise program
Cardiovascular Exercises	Walking, Recumbent lower extremity cycle
Progression Criteria	PROM: Flexion to at least 100° ER in scapular plane to at least 45° (30° if a subscapularis repair) IR in scapular plane to at least 45° (30° if infraspinatus or teres minor repair) Abduction to at least 90° in the scapular plane

PHASE II (6-12 WEEKS) DATES:

 Full non-painful AROM at week 8 (except for IR) Normalize arthrokinematics Enhance strength Improve neuromuscular control
 No posterior glide joint mobilizations No weightbearing before week 10
6-9 weeks ROM: AAROM to AROM as appropriate Flexion, abduction, ER to tolerance IR no more than 40° Strength: Initiate IR isometrics in slight ER (do not perform past neutral) Initiate theraband for ER and IR at 0° abduction (IR later in the phase) Initiate isotonic dumbbell program Rhomboids, latissimus dorsi, biceps, triceps, serratus anterior, deltoids 10-12 weeks Strength: Continue above exercises IR at 90° GH abduction with elbow at 90° flexion

POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT

	 Dumbbell supraspinatus Theraband exercise program Rhomboids, latissimus dorsi, biceps, triceps Progressive push-ups
Cardiovascular Exercises	Upper extremity cycle
Progression Criteria	 Full, non-painful AROM No complaints of pain/tenderness Strength 70% of contralateral side

PHASE III (12-20 WEEKS) DATES:

Appointments	Physical therapy 1-2 x per week progressing to 1 x every 2 weeks
Rehabilitation Goals	 Enhance strength, power, and endurance Enhance neuromuscular control High-speed/high-energy strengthening exercises Eccentric training Diagonal Patterns
Precautions	• None
Suggested Therapeutic Exercises	 Continue phase II exercises at properly progressed load Isotonic rotator cuff exercises Sidelying ER Prone arm raises at 0°, 90°, 120° ER and IR at 0° and 90° Progress scapulothoracic/upper back strength exercises Dynamic stabilization exercises Proprioceptive Neuromuscular Facilitation (PNF) exercises
Cardiovascular Exercises	• UBE
Progression Criteria	 Full ROM No pain or tenderness MD clearance

PHASE IV (20+ WEEKS) DATES:

Appointments	1x/week or 1x/ 2 weeks

POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT

Rehabilitation Goals	Progressively increase activities to prepare patient for unrestricted functional return
Precautions	• None
Suggested Therapeutic Exercises	 Initiate interval programs for recreational athletes Resisted diagonals Progress plyometrics and functional activities needed for sport
Cardiovascular Exercises	 Gradual return to strenuous work activities Gradual return to recreational activities Gradual return to sport activities

References: Brigham and Women's Hospital

PT name and date: Jennifer McMahon, PT 2/15/2017 MD name and date: Brian Gilmer, MD March 2017

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