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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	<ul> <li>0-3 weeks <ul> <li>Allow/promote healing of repaired posterior capsule</li> <li>Initiate early protected ROM</li> <li>Minimize muscular atrophy</li> <li>Decrease pain and inflammation</li> </ul> </li> <li>4-6 weeks <ul> <li>Gradual increase in ROM</li> <li>Normalize arthrokinematics</li> <li>Improve strength</li> </ul> </li> </ul>
Precautions	<ul> <li>Postoperative brace in 30-45° abduction, 15° ER for 4-6 weeks</li> <li>Brace to be worn at all times with the exception of exercise activity and bathing</li> <li>No overhead activity</li> <li>No flexion, ABD for first 4 weeks</li> <li>Avoid posterior GH glides</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>0-3 weeks</li> <li>Gripping with putty</li> <li>AROM elbow flexion/extension and pronation/supination</li> <li>AROM cervical spine</li> <li>PROM progressing to AAROM of GH joint <ul> <li>ER to 25-30° at 30-45° of abduction</li> <li>IR to 15-25° at 30-45° of abduction (begin week 3)</li> </ul> </li> <li>Pain-free, submaximal shoulder isometrics in the plane of the scapula <ul> <li>Flexion, ABD, extension, ER (avoid IR at this point)</li> </ul> </li> <li>4-6 weeks <ul> <li>Gentle joint mobilizations (grades I-II) <ul> <li>AC joint, SC joint, ST joint, GH joint (avoid posterior glides)</li> </ul> </li> <li>AAROM of GH joint <ul> <li>ER in multiple planes of shoulder ABD (up to 90°)</li> <li>Shoulder flexion to tolerance</li> <li>Elevation in the plane of the scapula to tolerance</li> </ul> </li> </ul></li></ul>

# POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT

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

PHASE II (6-12 WEEKS)

DATES:

Appointments	Physical therapy 2 x per week
Rehabilitation Goals	<ul> <li>Full non-painful AROM at week 8 (except for IR)</li> <li>Normalize arthrokinematics</li> <li>Enhance strength</li> <li>Improve neuromuscular control</li> </ul>
Precautions	<ul><li>No posterior glide joint mobilizations</li><li>No weightbearing before week 10</li></ul>
Suggested Therapeutic Exercises	<ul> <li>6-9 weeks</li> <li>ROM: <ul> <li>AAROM to AROM as appropriate</li> <li>Flexion, abduction, ER to tolerance</li> <li>IR no more than 40°</li> </ul> </li> <li>Strength: <ul> <li>Initiate IR isometrics in slight ER (do not perform past neutral)</li> <li>Initiate theraband for ER and IR at 0° abduction (IR later in the phase)</li> <li>Initiate isotonic dumbbell program <ul> <li>Rhomboids, latissimus dorsi, biceps, triceps, serratus anterior, deltoids</li> </ul> </li> <li>10-12 weeks</li> </ul> </li> <li>Strength: <ul> <li>Continue above exercises</li> <li>IR at 90° GH abduction with elbow at 90° flexion</li> </ul> </li> </ul>

## POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT

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

PHASE III (12-20 WEEKS)	DATES:
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Appointments	Physical therapy 1-2 x per week progressing to 1 x every 2 weeks
Rehabilitation Goals	<ul> <li>Enhance strength, power, and endurance</li> <li>Enhance neuromuscular control</li> <li>High-speed/high-energy strengthening exercises</li> <li>Eccentric training</li> <li>Diagonal Patterns</li> </ul>
Precautions	• None
Suggested Therapeutic Exercises	<ul> <li>Continue phase II exercises at properly progressed load</li> <li>Isotonic rotator cuff exercises <ul> <li>Sidelying ER</li> <li>Prone arm raises at 0°, 90°, 120°</li> <li>ER and IR at 0° and 90°</li> </ul> </li> <li>Progress scapulothoracic/upper back strength exercises</li> <li>Dynamic stabilization exercises</li> <li>Proprioceptive Neuromuscular Facilitation (PNF) exercises</li> </ul>
Cardiovascular Exercises	• UBE
Progression Criteria	<ul> <li>Full ROM</li> <li>No pain or tenderness</li> <li>MD clearance</li> </ul>

PHASE IV (20+ WEEKS)

DATES:

Appointments	1x/week or 1x/ 2 weeks

#### **POSTERIOR AND POSTERIOR INFERIOR CAPSULAR SHIFT**

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

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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