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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	0-3 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 or ABD for first 4 weeks*** • ***Avoid posterior GH glides***
Suggested Therapeutic Exercises	0-3 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

	- 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:

Appointments	• Physical therapy 2 x per week
Rehabilitation Goals	• Full non-painful AROM at week 8 (except for IR) • Normalize arthrokinematics • Enhance strength • Improve neuromuscular control
Precautions	• No posterior glide joint mobilizations • No weightbearing before week 10
Suggested Therapeutic Exercises	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

	• 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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