



PHYSICAL THERAPY PROTOCOL FOLLOWING CAPSULAR SHIFT

POSTOP WEEKS 1-2:

- Protection:**
- ❖ Sling outdoors and for sleep
 - ❖ May bring hand to mouth for eating or washing, maintaining the elbow at their side
 - ❖ May place hand pointing straight ahead as on armrest of chair
 - ❖ May use hand for writing
 - ❖ No active elevation of arm

- Modalities:**
- ❖ Cold pack
 - ❖ Ultrasound to scapular muscles
 - ❖ Effleurage from scapula to shoulder
 - ❖ TENS for pain if needed
 - ❖ May advance to hot packs after sutures removed

- Exercises:**
- ❖ GOALS: Passive elevation to 90 deg., passive external rotation to neutral
 - ❖ Shoulder shrugs, pinches, grip exercises, wrist curls
 - ❖ Gentle elbow ROM exercises
 - ❖ Codman's pendulum exercises

POSTOP WEEKS 2-6:

- Protection:**
- ❖ Continue use of sling outdoors
 - ❖ As pain improves, patient may begin light active use of arm

- Modalities:**
- ❖ SAME

- Exercises:**
- ❖ GOALS: Elevation to 135 degrees, external rotation with arm at side to 45 degrees
 - ❖ ROM should be gently advanced to attain goals over 4 week period
 - ❖ In some cases where a simultaneous Bankhart repair is performed, limit external rotation to neutral for the first 6 weeks
 - ❖ Posterior scapular exercises in prone or bent waist position to truck level

At approximately 4 weeks patient can begin :

- ❖ Light isometrics of the rotator cuff and deltoid for muscle re-education
- ❖ Overhead training including supine elevation with a stick and dumbbell
- ❖ Standing elevation with a stick
- ❖ Pulley and wall slides

POSTOP WEEKS 6-12:

Protection: ❖ Discontinue use of sling
and use ❖ Patient may advance use of arm as pain allows

Modalities: ❖ SAME

Exercises: ❖ GOALS: Advance to full passive ROM exercises gradually over these 6 weeks
❖ Advance strengthening to resistive exercises for deltoid, rotator cuff, and periscapular muscles as pain allows
❖ Continue overhead training
❖ Avoid scapular substitution during active exercises
❖ Avoid the position of abduction / external rotation

BEYOND 12 WEEKS POSTOPERATIVELY:

- ❖ Advance gradually to full ROM
- ❖ Avoid impact in the abducted externally rotated position (throwing or racquet sports) until allowed by physician
- ❖ Continue resistive exercises of the rotator cuff, deltoid, and periscapular, muscles