



*Always First.*

## **FOX VALLEY ORTHOPEDICS**

### **ANTERIOR CAPSULAR SHIFT PROTOCOL**

Anterior capsular shift surgery is performed for individuals with acquired or congenital multidirectional instability. With surgery, the redundant, stretched capsule is incised, tightened, and sutured back together. Rehabilitation progresses gradually and varies by patient depending upon the amount of laxity present prior to surgery, degree of surgical tightening, and whether laxity was congenital or acquired (congenital laxity progresses more conservatively as a result of tendency to stretch out again). Restoration of 80-85% of PROM is adequate as patients will usually acquire the remaining end-range ROM through normal use.

#### **PHASE 1**

Week 1-4

- PROM, AAROM
  - No active shoulder ROM
  - Elbow, wrist AROM
  - PROM: Flexion: 90 (until wk 6)
  - Scaption: 60
  - ER: 0-15 at 30 abduction (wk 2)
  - 25-30 at 30 abduction (wk 4)
  - IR: as tolerated at 30 abduction
  - Pendulum
  - Pulley, wand within limitations
- Strengthening
  - Submaximal multidirectional isometrics
  - Scapular retraction / depression
- Stretching
  - Posterior capsule stretching
- Manual techniques
  - Soft tissue massage
  - Scar mobilization
  - Scapular mobilization
  - Posterior capsule stretching
- Modalities
  - Ice, electrical stimulation

Continued

**ANTERIOR CAPSULAR SHIFT PROTOCOL****PHASE 2**

Week 5-6

- PROM, AAROM
  - PROM: Flexion: 90
  - Scaption: 90
  - ER: 25-35 in scapular plane
  - IR: as tolerated in scapular plane
  - Continue AAROM from phase 1
  - Shoulder AROM within limitations
- Strengthening
  - Initiate scapular strengthening: rows, scapular depression, serratus
  - Initiate IR / ER with tubing
  - Initiate triceps, biceps strengthening
- Stretching
  - Towel IR stretch as necessary
- Manual techniques
  - Soft tissue massage as indicated
  - Rhythmic stabilization in supine at 90 flexion
  - GHJ mobilization, posterior / inferior glides pain free range
  - Posterior capsule stretching
- Modalities
  - Ice, electrical stimulation

**PHASE 3**

Week 6-12

- PROM, AROM
  - PROM: progress gradually as tolerated. Aim to achieve 80% of full PROM by 10 wks. Allow patient to achieve remaining motion through active use.
  - Initiate PROM ER / IR at 90 abduction as tolerated
  - Continue with ROM exercises from Phase 1
- Strengthening
  - Initiate UBE
  - Initiate standing flexion, scaption
  - Initiate push-up with plus progression (wall-table-floor)
  - Continue scapular stabilization strengthening
- Stretching
  - Continue posterior capsule or sleeper stretch as necessary
- Manual techniques
  - GHJ mobilization Gr II-III as necessary
  - Continue rhythmic stabilization- progress to different planes
  - Manual resistance PNF patterns
- Modalities as necessary

Continued

**ANTERIOR CAPSULAR SHIFT PROTOCOL****PHASE 4**

Week 13-24

- Strengthening

- Initiate prone horizontal abduction and scaption at 130

- Initiate plyoball toss, chest press

- Initiate ER at 90 / 90 with tubing

- Initiate shoulder press, lat pull-down, bench press (avoiding elbow extension past plane of body)