

# Shoulder Open Repair: Anterior Instability/Dislocation, Inferior Capsular Shift

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOS: \_\_\_\_\_

**Rehabilitation Protocol**  
**SHOULDER OPEN REPAIR: ANTERIOR INSTABILITY/DISLOCATION, INFERIOR CAPSULAR SHIFT**  
**3X/WK X 6 WKS**

**CLINICAL INTERVENTION**

**0-2 WEEKS:**

**(1-2x / Week)**

**ROM Goals:**

- Flexion: 0-90 degrees
- Abduction: 0-90
- Ex Rotation: 0-30
- NO active IR

**Patient Education:**

- Proper use of moist heat and ice, use of sling, resting position

**Ther Ex:**

- Codman's
- Gentle AAROM flexion within pain tolerance
- Elbow and hand exercises
- Active scapular elevation and retraction exercises.

**Manual Techniques:**

- PROM only in ROM as above

**Modalities:**

- Ice, heat

**2-4 WEEKS:**

**(2-3x / Week)**

**ROM Goals:**

- Flexion: increase past 90 degrees as pain tolerates
- Abduction: to 90 only
- Ex Rotation: to 40-45 degrees (or within pain tolerance) with arm adducted at side

**Patient Education:**

- No combined S' abduction w/ ER until 8 weeks post-op
- Home E-Stim if appropriate

**Ther Ex:**

- AAROM w/ wand in safe, pain free ROM
- Active scapular elevation and retraction

**Manual Techniques:**

- Scapular MRE's
- PROM as per above goals

- Avoid combined abduction w/ ER

**Modalities:**

- Ice Heat
- E-Stim for Mm re-education

**4-8 WEEKS:**

**(2-3x / Week)**

**ROM Goals:**

- Work toward gaining full A/PROM

**Patient Education:**

- Continue to avoid combined abduction w/ ER

**Ther Ex:**

- Initiate AROM in all single planes (no combined movt's)
- Initiate strengthening, progressing appropriately as tolerated and as per MD clearance
  1. MRE's
  2. isometrics
  3. light isotonic including T-Band
- Continue wand exercises
- Jobe's RTC isotonic strengthening program
- Bicep curl, Tricep extension, rows

**Modalities:**

- As appropriate

**8-12 WEEKS:**

**(2-3x / Week)**

**ROM Goals:**

- Full A/PROM should be achieved
- May perform combined abduction w/ ER

**Patient Education:**

- No signif weight to be carried in hand w/ arm down at side (distraction of GH joint)

**Ther Ex:**

- Progress PRE's as tolerated and appropriate
- Progress functional activities as related to work/sport/ADL's
- Initiate plyometrics as tolerated
- Avoid: behind-the-back Lat pulldown, military press, heavy shrugs

**Modalities:**

- As appropriate

**12-16 WEEKS**

**(1-2x / Week)**

**Patient Education:**

- Comprehensive Home Exercise Program for strengthening and flexibility

- Offer Step-Down program
- Prepare pt for Discharge thru communication/coordination w/ FCE/work conditioning or sport specific training.

**Ther Ex:**

- Continue w/ activities as outlined above w/ return to unrestricted activity and discharge as cleared by MD.
- Initiate cautionary lifts as cleared by MD: lat pulldowns, military press, pec fly's (all while keeping sight of hands/weights in peripheral vision), bench press and shrugs.
- Initiate progressive throwing program as cleared by MD (as indicated for throwing athlete).