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SHOULDER REHABILITATION GUIDELINE FOR ARTHROSCOPIC AND POSTERIOR CAPSULORHAPHY-PREDOMINANTLY POSTERIOR INSTABILITY

Shoulder repair of the loose glenohumeral joint was either performed arthroscopically (thermally) or open (capsular shift or reattachment/ reverse Bankart repair), or by combination. Other surgery may have been involved such as open rotator cuff repair, or A/C joint resection or labral reattachment. Smoking is discouraged for 6 weeks post-operatively to promote healing. Weight loss is encouraged when appropriate to decrease tissue stretching.
Please keep in mind the driving surgical intervention. Sometimes multiple simultaneous procedures are performed on the shoulder. In this event, the driving surgery should take precedence over the other procedures in terms of rehabilitation in the following order: posterior capsular stabilization(arthroscopic)>rotator cuff repair>anterior capsulorhaphy(arthroscopic)>SLAP repair>anterior capsulorhaphy or Bankart repair(open)>total shoulder replacement or hemiarthroplasty>biceps tenodesis>adhesive capsulitis MUA or resection>subacromial decompression.

Stage 1(day 1-4 weeks): In some occasions, a gunslinger brace stays on at all time when not exercising, for up to 4 weeks. The gunslinger is usually positioned with neutral internal/external rotation. Deltoid activating pendulum exercises (60 seconds--4x/day) with shoulder in neutral internal/external rotation. Place back in immobilizer when not exercising except to shower. Release forearm support 4x/day x 5 minutes to bend and extend elbow, then reattach. Can passively externally rotate to 30 degrees with arm at the side. Begin gripping exercises with ball or putty. AROM of cervical spine. Cryocuff use encouraged. Removed the gunslinger brace for controlled range of motion and physical therapy.
Stage 2(4-8 weeks): Can wall climb forward and lateral to 135 degrees 4x/day. Can passively or actively externally rotate up to 30 degrees at side and 90 degrees abduction. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys.
Stage 3(6-8 weeks): Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys; let this come back on its own, but should stretch up to this point. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance. Progress to range of motion as tolerated.

Stage 3(8 weeks-12 weeks): Advance to home program or self-directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may progress up to lifting, pushing, pulling up to 50% of "normal" load. Range of motion as tolerated.
Stage 4(12 weeks and beyond): Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks. Patient may progress to overhead activities by 4 months post-operative. Start functional rehabilitation for throwing or other functional rehabilitation programs or work conditioning, as necessary. Range of motion as tolerated.