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### **SHOULDER REHABILITATION GUIDELINES FOR ARTHROSCOPIC CAPSULORHAPHY-PREDOMINANTLY ANTERIOR**

Arthroscopic suture shrinkage of the anterior and inferior glenohumeral capsule was performed. Other surgery may have been involved such as A/C joint resection and subacromial decompression. Smoking is discouraged for 6 weeks post-operatively to promote healing. Weight loss is encouraged when appropriate to decrease tissue stretching.

*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(open)>rotator cuff repair>anterior capsulorhaphy>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): The immobilizer stays on at all time when not exercising until 3-4 weeks postoperative. Deltoid activating pendulum exercises (60 seconds--4x/day). Place back in immobilizer when not exercising except to shower. Release wrist strap 4x/day x 3 minutes to bend and extend elbow, then reattach. Can passively externally rotate to 30 degrees with arm at the side. Wall climb with forward elevation to 135°. Begin gripping exercises with ball or putty. Perform active range of motion of fingers and wrist. Cervical spine AROM. Cryocuff use encouraged.

Stage 2(4-8 weeks): Can wall climb forward elevation to 160 degrees 4x/day.(or 4-6 weeks if modification if checked above). 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. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance. Progress towards "normal" range of motion, actively and passively.

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 gradually progress up to lifting, pushing, pulling up to 50% of "normal" load. Progress towards "normal" range of motion,

actively and passively.

Stage 4(12 weeks and beyond): Patient gradually progresses 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. Progress towards "normal" range of motion, actively and passively.

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