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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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