The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, and rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

REHABILITATION GUIDELINES
ARTHROSCOPIC CAPSULAR SHIFT

PHASE 1: 0-6 WEEKS POST-OP **DOS:**

APPOINTMENTS	Meet with Physician: Begin Physical Therapy 3-5 days post-op, PT 1x per week.
REHAB GOALS	1. Protection of the post- surgical shoulder. 2. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints.
PRECAUTIONS	1. Sling immobilization required for soft tissue healing for 6 weeks. Remove sling during the 6th week in safe environments and wean totally during the 7th week. 2. Hypersensitivity in axillary nerve distribution is a common occurrence. Desensitization and appropriate modalities 3. ROM guidelines: • ROM should progress gradually to avoid stretching out the repaired tissues. • **Week 1= no ROM, continuous use of sling** • Weeks 2 and 3= flexion and abduction to 90° with shoulder in IR; ER in neutral to 10° • Weeks 4 and 5= flexion and abduction to 140°, ER in neutral to 30°. • Week 6=flexion and abduction to 180°, ER in neutral to 50°. • No external rotation or internal rotation with abduction for 6 weeks to protect repaired tissues.
SUGGESTED THERAPEUTIC EXERCISE	• Begin at 10 days: Sub-maximal, pain free shoulder isometrics at patient's side for IR/ER, flex/ext, & abd/add. • PROM/AAROM for shoulder flex/ext, abd/add, progressing to AROM at week 6. • Hand gripping. • Elbow, forearm, and wrist AROM. • Cervical spine and scapular AROM. • Desensitization techniques for axillary nerve distribution. • Postural exercises.
CARDIOVASCULAR FITNESS	Walking, stationary bike-sling on. (Avoid running and jumping due to the distractive forces that can occur at landing)(NO TREADMILL)
PROGRESSION CRITERIA	1. Full AROM for flexion and abduction. 2. 5/5 IR/ER strength 0° abduction. 3. Negative apprehension and impingement signs.

PHASE 2: 6 WEEKS POST-OP	**DATE:**
APPOINTMENTS	Physician Appointment: Physical Therapy 1 x per 1-2 week.
PHASE II GOALS	1. Full AROM in all cardinal planes except external rotation in abducted positions-this should stay limited to ~60°. Progress ER range of motion in abduction to 60° gradually to prevent overstressing the repaired anterior tissues of the shoulder. 2. Strengthen shoulder and scapular stabilizers in protected position (0°-45° abduction). 3. Begin proprioceptive and dynamic neuromuscular control retraining.
PRECAUTIONS	1. Avoid passive and forceful movements into external rotation, extension and horizontal abduction.
SUGGESTED THERAPEUTIC EXERCISE	• AA/AROM in all cardinal planes- assessing scapular rhythm • Rotator cuff strengthening in non-provocative positions (0°-45° abduction) • Scapular strengthening and dynamic neuromuscular control • Cervical spine and scapular AROM. • Postural exercises • Core strengthening
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster. No swimming or treadmill. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to the distractive forces that can occur at landing)
PROGRESSION CRITERIA	1. Full AROM in all cardinal planes except external rotation in abducted positions-this should stay limited to ~60°. 2. Negative apprehension and impingement signs. 3. 5/5 IR/ER strength at 45° abduction.

PHASE 3: AFTER MEETING PHASE 2 PROGRESSION CRITERIA, ~12 WEEKS	**DATE:**
APPOINTMENTS	Physician Appointment: Physical Therapy 1x every 2-3 weeks.
PHASE III GOALS	1. Full AROM in all cardinal planes with normal scapulo-humeral movement. 2. 5/5 rotator cuff strength at 90° abduction in the scapular plane. 3. 5/5 peri-scapular strength.
PRECAUTIONS	1. All exercises and activities to remain non-provocative and low to medium velocity. 2. Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm. 3. No swimming, throwing or sports.
SUGGESTED THERAPEUTIC EXERCISE	<u>Motion</u> Progress ER range of motion in abduction to 90° gradually, focusing primarily on active motion. <u>Strength and Stabilization</u> Flexion in prone, horz abd in prone, full can ex, D1 and D2

	diagonals in standing. TB/cable column/dumb bell (light resistance/high rep) IR/ER in 90 abduction and rowing. Balance board in push-up position (with RS), prone swiss ball walks-outs, rapid alternating movements in supine D2 diagonal. CKC stabilization with narrow base of support.
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria). NO SWIMMING
PROGRESSION CRITERIA	Patient may progress to Phase IV if they have met the above stated goals and have no apprehension or impingement signs.

PHASE 4: BEGIN AFTER MEETING PHASE 3 GOALS ~15 WEEKS DATE:

APPOINTMENTS	Physician Appointment: Physical Therapy 1x every 3 weeks.
PHASE IV GOALS	1. Pt to demonstrate stability with higher velocity movements and change of direction movements. 2. 5/5 rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane. 3. Full multi-plane AROM.
PRECAUTIONS	1. Progress gradually into provocative exercises by beginning with low velocity, known movement patterns.
SUGGESTED THERAPEUTIC EXERCISES	<u>Motion</u> Active range of motion exercises to regain full functional range of motion. <u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises. TB/cable column/dumbbell IR/ER in 90° abduction and rowing. Higher velocity strengthening and control, such as the inertial, plyometrics, rapid theraband drills. Plyometrics should start with 2 hands below shoulder ht and progress to overhead, then back to below shoulder with one hand, progressing again to overhead.
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria). NO SWIMMING.
PROGRESSION CRITERIA	Patient may progress to Phase V if they have met the above stated goals and have no apprehension or impingement signs.

PHASE 5: BEGIN AFTER MEETING PHASE 4 GOALS ~20 WEEKS DATE:

APPOINTMENTS	Physician Appointment: Physical Therapy 1x every 3 weeks.
PHASE V GOALS	1. Pt to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming,

	throwing, etc). 2. No apprehension or instability with high velocity overhead movements. 3. Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder. 4. Work capacity cardiovascular endurance for specific sport or work demands.
PRECAUTIONS	1. Progress gradually into sport specific movement patterns.
SUGGESTED THERAPEUTIC EXERCISE	<u>Motion</u> Assess the whole upper quarter to assess for muscle imbalances that could lead to compensatory or abnormal motion at the shoulder. <u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocities. Begin working towards more sport specific activities. Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport. High velocity strengthening and dynamic control, such as the inertial, plyometrics, rapid thera-band drills.
CARDIOVASCULAR FITNESS	Design to use sport specific energy systems.
PROGRESSION CRITERIA	Patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer.