

OPEN INFERIOR CAPSULAR SHIFT GUIDELINES

STAGE I (0-4wks)

- Immobilization

POD # 1

- Sling with elbow flexion/extension exercises

POD # 7-10

- Suture removal
- Begin pendulum's

POD # 14-28

- Elbow and wrist PRE's with shoulder stabilized

STAGE II (4wks)

- ER ROM to neutral with arm at side or to position set at surgery
- Abduction in scapular plane to 90°
- Once 90° flexion achieved begin serratus strengthening in supine
- Address SC, AC and Scapulothoracic mobility
- Scapulothoracic strengthening
- Posterior glides to decrease capsule tightness(4-6wks)
- Increase ROM PROM →AAROM via (pulley, cane, towel, etc.)
- Submaximal rhythmic stabilization (IR/ER) for neuro Re-ed

STAGE III (6-10wks)

- Begin isometrics in neutral for Abd, Flex, Ext.
Progress to isotonics
- Joint mobilizations
- Gradual A→AA→PROM to improve ER ROM (may begin ER at 45° of abduction)
- AA→Active ROM for IR, ER, Flex, Abd, Horizontal Add
- PRE's for scapular stabilizers (emphasis on scapular retraction/protraction)
- Use positions to protect anterior capsule from undue stress
- Keep strengthening exercises below 90° flexion
- Begin UBE

STAGE IV (10-16wks)

- PROM @ 90/90
- AROM exercises to regain full ROM
- Wall push-ups
- Normalize Scapulo-humeral rhythm
- Begin isokinetics
- Begin strengthening at 90° abduction (at end of this stage)
- Begin plyometric with throwback

STAGE (16-24wks)

- Begin Racket/throwing program
- Isokinetic test
- Overhead activities
- Pushups

Return to Play Criteria

Confidence in shoulder

Pain free ROM

Total range of motion concept:

ER @90/90 = $129^{\circ} \pm 9^{\circ}$ on pitching side

IR @90/90 = $61^{\circ} \pm 7^{\circ}$

Initiate age/position based interval throwing program when strength tests reveal 80% of contralateral side

Strength Measurements:

Concentric isokinetic strength ratios:

ER/IR = 62 – 70%

ER/AB = 66 – 72%

Hand held MMT strength ratios:

ER/IR @ 90/90 = 83 – 99%

Pitching shoulder = 83%

Non pitching shoulder = 99%

DISCLAIMER

These general rehabilitation guidelines are created by physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes, only. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists. The University of Kentucky and The American Society of Shoulder and Elbow Therapists take no responsibility or assume no liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.