Posterior and Posterior Inferior Capsular Shift Protocol:

Protection Phase (0-6 weeks):

Precautions

- Postoperative brace (typically gunslinger type) in 30-45° abduction, 15° external rotation for 4-6 weeks
- Brace to be worn at all times (even when sleeping) with the exception of exercise activity and bathing
- No overhead activity
- No flexion for first 6 weeks

Goals:

- Allow/promote healing of repaired posterior capsule
- Initiate early protected ROM
- Retard muscular atrophy
- Decrease pain and inflammation

Weeks 0-4

Exercises

- Gripping exercises with putty
- Active elbow flexion-extension and pronation-supination
- Active ROM cervical spine
- Passive ROM progressing to active-assisted ROM of GH joint
  - External rotation to 25-30° at 30-45° of abduction
  - Internal rotation to 15-25° at 30-45° of abduction (begin week three)
- Submaximal pain free shoulder isometrics in the plane of the scapula
  - Flexion
  - Abduction
  - Extension
  - External rotation

Note: In general all exercises begin with one set of 10 repetitions and should increase by one set of 10 repetitions daily as tolerated to five sets of 10 repetitions.

Cryotherapy: Ice after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.
Weeks 4-6

Goals
• Gradual increase in ROM
• Normalize arthrokinematics
• Improve strength
• Decrease pain and inflammation

Range of motion exercises
• Active-assisted exercises of GH joint
• External rotation in multiple planes of shoulder abduction (up to 90°)
• Shoulder flexion to tolerance
• Elevation in the plane of the scapula to tolerance
• Shoulder abduction (pure) to 90°
• Internal rotation 35° at 45° of abduction
• Pulleys (AAROM)
• Shoulder elevation in the plane of the scapula to tolerance
• Shoulder flexion to tolerance
• Gentle self-capsular stretches as needed/indicated

Gentle Joint Mobilization (Grades I-II) to Reestablish Normal Arthrokinematics
• Scapulothoracic joint
• GH joint (avoid posterior glides)
• SC joint
• AC joint

AROM Exercises
• Active abduction to 90°
• Active external rotation to 90°
• IR to 35°

Strengthening Exercises
• Elbow/wrist progressive resistive exercise program

Conditioning Program For
• Trunk
• Lower extremities
• Cardiovascular endurance

Decrease Pain and Inflammation
• Ice and modalities prn

Sling
• Discontinue 4-6 weeks post surgery depending on milestones met

Phase 2: Intermediate Phase (Weeks 6-12)
Goals:
• Full, nonpainful ROM at week eight (patient will not have full IR at this time)
• Normalize arthrokinematics
• Enhance strength
• Improve neuromuscular control

Weeks 6-9

Range of Motion Exercises
• A/AROM to AROM as appropriate
• External rotation to tolerance
• Shoulder abduction to tolerance
• Shoulder flexion to tolerance
• Pulleys: flexion, abduction, and elevation in the plane of the scapula to tolerance
• Internal rotation to no more than 40°

Joint Mobilization
• Continue as above as indicated

Strengthening Exercises
• Initiate IR isometrics in slight ER (do not perform past neutral)
• Initiate theraband for internal and external rotation at 0° abduction (IR later in the phase)
• Initiate isotonic dumbbell program
• Shoulder abduction
• Shoulder flexion
• Latissimus dorsi
• Rhomboids
• Biceps curl
• Triceps kick-out over table
• Push-ups into wall (serratus anterior)

Weeks 10-12

• Continue all exercises listed above

Initiate
• Active internal rotation at 90° GH abduction with elbow at 90° flexion
• Dumbbell supraspinatus
• Theraband exercises for rhomboids, latissimus dorsi, biceps, and triceps
• Progressive push-ups

Phase 3: Dynamic Strengthening Program (Weeks 12-18)

Criteria for Progression to Phase 3
• Full, nonpainful ROM
• No complaints of pain/tenderness
• Strength 70% of contralateral side

**Weeks 13-15**

**Goals**
• Enhance strength, power, and endurance
• Enhance neuromuscular control

*Emphasis of Phase 3*
• High-speed/high-energy strengthening exercises
• Eccentric training
• Diagonal patterns

**Exercises**
• Continue internal and external rotation theraband exercises at 0° abduction (arm at side)
• Theraband for rhomboids
• Theraband for latissimus dorsi
• Theraband for a biceps and triceps
• Continue dumbbell exercises for supraspinatus and deltoid
• Progressive serratus anterior push-up-anterior flexion
• Continue trunk and lower extremity strengthening and conditioning exercises
• Continue self-capsular stretches

**Progress to:**

• Isotonic shoulder strengthening exercises isolating the rotator cuff— including sidelying external rotation, prone arm raises at 0, 90 & 120°, prone external rotation, and internal rotation at 0 & 90°; progress to standing strengthening exercise once able to tolerate resistance against gravity without substitution
• Progress scapulothoracic/upper back musculature strengthening exercises
• Dynamic stabilization exercises
• Proprioceptive Neuromuscular Facilitation (PNF) exercises

**Phase 4: Return to Activity Phase (Weeks 21-28)**

**Criteria for Progression to Phase 4**
• Full ROM
• No pain or tenderness
• Satisfactory clinical examination

**Goal**
• Progressively increase activities to prepare patient for unrestricted functional return

**Exercises**
• Continue theraband, and dumbbell exercises outlined in phase 3
• Continue ROM exercises
• Initiate interval programs between weeks 28 and 32 (if patient is a recreational athlete)
• Continue strengthening exercises for scapular and rotator cuff muscles
• Progress to functional activities needed for ADL’s and sport
• Thrower’s ten program (see protocol)