



**UNIVERSITY ORTHOPAEDIC CENTER, P.A./Dr. Longobardi**  
**Arthroscopic Repair: Anterior Instability/Dislocation Inferior Capsular Shift**

<u>TIMELINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
<b>0-2 Weeks</b>	<p><b>ROM Goals:</b>            No Active or Passive abduction, extension, external rotation unless specified</p> <p><b>Patient Education:</b>            Proper use of moist heat and ice, use of sling, resting position</p> <p><b>Ther Ex:</b>            Codman's  <b>Gentle AAROM</b> flexion within pain tolerance (<b>flexion only</b>)            Elbow and hand exercises            Active scapular elevation and retraction exercises.</p> <p><b>Manual Techniques:</b>  <b>PROM:</b> forward flexion to 90 degrees  <b>PROM:</b> External rotation 0-20 degrees</p> <p><b>Modalities:</b>            Ice, heat</p>	<b>1-2x / Week</b>
<b>2-4Weeks</b>	<p><b>ROM Goals:</b>  <b>Flexion:</b> increase past 90 degrees as pain tolerates  <b>Abduction:</b> to 30-45 degrees only  <b>Ex Rotation:</b> to 15 degrees (or within pain tolerance) with arm adducted at side</p> <p><b>Patient Education:</b>            Home E-Stim if appropriate</p> <p><b>Ther Ex:</b>            AAROM w/ wand in safe, painfree ROM as per above goals            Active scapular elevation and retraction</p> <p><b>Manual Techniques:</b>            Scapular MRE's            PROM as per above goals</p> <p><b>Modalities:</b>            Ice, Heat            E-Stim for Mm re-education</p>	<b>2-3x / Week</b>



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<u>TIMELINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
4-6 Weeks	<p><b>ROM Goals:</b>  <b>Flexion:</b> 0-90 degrees  <b>Abduction:</b> 0-90  <b>Extension:</b> 0-30  <b>IR:</b> 0-30  <b>ER (w/ arm at side):</b> 0-30 or 40  <b>Ther Ex, Modalities, Manual Therapy:</b>  as noted above</p>	2-3 / Week
6-8 Weeks	<p><b>ROM Goals:</b>  Work toward gaining <b>full A/PROM</b></p> <p><b>Patient Education:</b>  Continue to avoid combined abduction w/ ER at 6 weeks</p> <p><b>Ther Ex:</b>  Initiate AROM in all <b>single planes (no combined movt's including PNF patterns)</b>  Initiate strengthening, progressing appropriately as tolerated and as per MD clearance</p> <ol style="list-style-type: none"> <li>1. MRE's</li> <li>2. isometrics</li> <li>3. light isotonic including T-Band</li> </ol> <p>continue wand exercises  RTC isotonic single plane strengthening program  Bicep curl, Tricep extension, rows</p> <p><b>Modalities:</b>  As appropriate</p>	2-3 / Week



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<u>TIMELINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
8-12 Weeks	<p><b>See Page 3 for continued intervention</b></p> <p><b>ROM Goals:</b>  <b>Full A/PROM</b> should be achieved            May perform combined abduction w/ ER at 8 weeks</p> <p><b>Patient Education:</b>            No signif weight to be carried in hand w/ arm down at side (distraction of GH joint)</p> <p><b>Ther Ex:</b>            Progress PRE's as tolerated and appropriate            Progress functional activities as related to work/sport/ADL's            Initiate plyometrics as tolerated  <b>Avoid:</b> behind-the-back Lat pulldown, military press, heavy shrugs</p> <p><b>Modalities:</b>            As appropriate</p>	2x / Week
12-16 Weeks	<p><b>Patient Education:</b>            Comprehensive Home Exercise Program for strengthening and flexibility            Offer Step-Down program            Prepare pt for Discharge thru communication/coordination w/ <b>FCE/work conditioning</b> or sport specific training.</p> <p><b>Ther Ex:</b>            Continue w/ activities as outlined above w/ return to unrestricted activity and discharge as cleared by MD.            Initiate cautionary lifts <b>as cleared by MD:</b> lat pulldowns, military press, pec flys (all while keeping sight of hands/weights in peripheral vision), bench press, shrugs.            Initiate progressive throwing program as cleared by MD (as indicated for throwing athlete).</p>	1-2x / Week



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