



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

<u>TIMELINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
<p>0-2 Weeks</p>	<p>ROM Goals: Flexion: 0-90 degrees Abduction: 0-90 Ex Rotation: 0-30 NO active IR</p> <p>Patient Education: Proper use of moist heat and ice, use of sling, resting position</p> <p>Ther Ex: Codman's Gentle AAROM flexion within pain tolerance Elbow and hand exercises Active scapular elevation and retraction exercises.</p> <p>Manual Techniques: PROM only in ROM as above</p> <p>Modalities: Ice, heat</p>	<p>1-2x / Week</p>
<p>2-4 Weeks</p>	<p>ROM Goals: Flexion: increase past 90 degrees as pain tolerates Abduction: to 90 only Ex Rotation: to 40-45 degrees (or within pain tolerance) with arm adducted at side</p> <p>Patient Education: No combined S' abduction w/ ER until 8 weeks post-op Home E-Stim if appropriate</p> <p>Ther Ex: AAROM w/ wand in safe, pain free ROM Active scapular elevation and retraction</p> <p>See Page 2 for continued care</p>	<p>2-3x / Week</p>



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<p>2-4 Wks Con't</p>	<p>Manual Techniques: Scapular MRE's PROM as per above goals Avoid combined abduction w/ ER</p> <p>Modalities: Ice Heat E-Stim for Mm re-education</p>	<p>2-3x /Week</p>
<p>4-8 Weeks</p>	<p>ROM Goals: Work toward gaining full A/PROM</p> <p>Patient Education: Continue to avoid combined abduction w/ ER</p> <p>Ther Ex: Initiate AROM in all single planes (no combined movt's) Initiate strengthening, progressing appropriately as tolerated and as per MD clearance</p> <ol style="list-style-type: none"> 1. MRE's 2. isometrics 3. light isotonics including T-Band <p>Continue wand exercises Jobe's RTC isotonic strengthening program Bicep curl, Tricep extension, rows</p> <p>Modalities: As appropriate</p> <p>See Page 3 for continued care</p>	<p>2-3 / Week</p>



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