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Open Inferior Capsular Shift Post-Operative Protocol

Precautions and 1st day post-op visit

1. Sling 2-6 weeks (depends on surgeons recommendation)
2. Core and abdominal exercises per therapist
3. Preserve healing (modalities as needed)
4. Posture education
5. **No Active IR (Subscap healing)**
6. **Passive ER to neutral (Stretch Subscap)**

Stage 1 (0-6 wks)

1. PROM Scap Plane, ER to neutral, and ABD (stabilize scapula/1:1 ratio)
2. **No Active IR; ER to neutral** secondary to subscapularis muscle involvement.
3. Cane to 90; ER to 15/20 degrees
4. Pulley to 90 degrees in Scap Plane, FLEX, and ABD to tolerance
5. Pendulums immediately post op
6. Neck and peri-scapular stretches to prevent spasms (SCM/levator/trap)
7. Isometrics ER, ABD, and EXT (2nd option: manually)
8. Gentle capsular stretches grades 1-2
9. Scapular stab's (i.e. active scapular depression, elevation, retraction, and protraction)
10. Grip and wrist exercises
11. Decrease pain and inflammation

Phase 2 (4-8 wks)

1. Cane/Pulley continued w/ gradual increase in ROM
2. *By 6 wks IR and ER @ 0 ABD: 15-25 degrees ER ROM, pain free beyond neutral
3. **Begin gentle IR** strengthening pain free (isometric to low t-band resistance)
4. Start Active ROM to tolerance FLEX/Scap Plane by 6-7 weeks
5. Capsular stretches-grades 1-3
6. Continue isometrics
7. Rhythmic stabilization below 45 degrees elevation
8. At 5 weeks t-band low resistance (see #6)
9. Continue scapular stabilization
10. Closed kinetic chain (CKC) ex (i.e. wall/table)
11. AAROM PNF w/in available ROM

Stage 3 (6-12 wks)

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1. Continue joint mobs GH/CAPSULE
2. IR/ER to tolerance between 6-8 weeks
Goal: IR to 50-70 and ER 60-80 by week 10
3. Increase to full pain free ROM by wk 12, continue PROM if limited
4. 8 wks isotonics and manual resistance
**Manual resisted IR and ER allows good feedback with gains or pain
5. Continue t-band (watch for scapular compensation and/or trap hiking)
6. Rhythmic stab's w/in available ROM
7. Continue CKC ex from 90 to 120 degrees (wobble board, etc.)
8. AA/A PNF
9. Full can exercise below 70-90 degrees (supine/sitting)
10. Proprioception exercises

Stage 4 (3-5 months)

**** Aggressive stretching may be needed if not optimal by this stage
Primarily by 3 months post op, ROM will be difficult to achieve
past this stage (i.e. low load long duration stretching, 6
minutes or <; self mob's to HEP)**

*Goals: Full ROM pain free
Min-0 pain*

1. Dynamic exercise (t-band/isotonics)
2. Resisted manual PNF
3. Eccentrics as needed
4. Open Kinetic chain ex's
5. Low grade plyo's two-handed
6. Neuromuscular control drills
7. Initiate ex above 90 degrees
8. Initiate pre-throwing and overhead ex's if indicated

Stage 5 (4-6 months) Return to Activity

Goals for return to sport/activity/DC: -Min-No pain
- Clearance by physician and rehab team
- Strength 4+/5 depending on skill and functional level

1. Continue functional exercises
2. Start sport program (overhead progression)
3. Continue ROM exercises as needed (self mob's)
4. Discharge to Home exercise program