



Open Shoulder Stabilization / Capsular Plication

Weeks 0-4: Post-Operative Phase (Home Therapy)

Sling Immobilizer:

--At all times except for showering and exercise

Exercises:

- NO shoulder ROM
- AROM wrist/elbow
- Scapular "pinches"

Weeks 4-6: Phase I (Home Therapy, Meet with Therapist)

Sling Immobilizer:

--At all times except for showering and exercise

Exercises:

- Passive supine ER to neutral and extension to neutral
- Passive supine FF in scapular plane to 90
- AROM wrist/elbow
- Scapular "pinches"
- Pain free submaximal deltoid isometrics

Weeks 6-10: Phase II (start with physical therapist)

Sling Immobilizer:

--Discontinue at week 6

Exercises:

- Passive & Active assisted FF in scapular plane – no limits (wand exercises, pulleys)
- Passive & Active assisted ER – no limits (go SLOW with ER)
- No ER stretching
- Manual scapular side-lying stabilization exercises
- IR/ER submaximal, pain free isometrics
- Modalities as needed

Advancement Criteria:

- FF to 160
- ER to 40
- Normal scapulohumeral rhythm
- Minimal pain and inflammation

Thomas Sanders MD

Weeks 10-14: Phase III

Goal:

--Symmetric shoulder ROM at 12 weeks

Exercises:

- AAROM for full FF and ER
- AAROM for IR – no limits
- IR/ER/FF isotonic strengthening
- Scapular and latissimus strengthening
- Humeral head stabilization exercises
- Begin biceps strengthening
- Progress IR/ER to 90/90 position if required
- General upper extremity flexibility exercises

Advancement Criteria:

- Normal scapulohumeral rhythm
- Full upper extremity ROM
- Isokinetic IR/ER strength 85% of uninjured side
- Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises:

- Continue full upper extremity strengthening program
- Continue posterior capsular stretching
- Continue upper extremity flexibility exercises
- Activity-specific plyometrics program
- Begin sport or activity related program
- Address trunk and lower extremity demands

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in an overhead athlete.

Discharge Criteria:

- Isokinetic IR/ER strength equal to uninjured side
- Independent Home Therapy
- Independent, pain-free sport or activity specific program