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ANTERIOR CAPSULOLABRAL RECONSTRUCTION REHABILITATION PROGRAM

0 - 3 WEEKS POST SURGERY

1. Patient is immobilized in an abduction splint at 80°-90° external rotation for three weeks.
2. The abduction splint may be removed to allow the shoulder to adduct and for gentle passive abduction, flexion, and external rotation exercises (i.e., 2 sets of 10 repetitions) twice a day. Abduction and external rotation are performed in 20°-30° horizontal adduction and external rotation.
3. Isometric abduction, horizontal adduction and external rotation.
4. Active elbow flexion and extension strengthening exercises.
5. May squeeze a soft ball for hand and forearm muscle strengthening.
6. Add shoulder shrugs.
7. Begin scapulothoracic passive and active mobility program

3 - 5 WEEKS POST-SURGERY

1. Patient no longer required to use the abduction splint. (Wean out prn)
2. Continue passive ROM exercises with emphasis on protecting the anterior capsule.
3. Active internal rotation with the arm at the side and the elbow flexed 90°.
4. Active external rotation with the arm at the side and the elbow flexed 90° using surgical or rubber tubing (as tolerated).
5. Full active external rotation performed within the patient's pain free ROM.
6. Perform active-assistive ROM exercises (i.e., wand exercises, wall climbs, etc.) and mobilization techniques (as needed).
7. Active shoulder extension in the prone position. Only extend the arm until it is level with the trunk.
8. By 4-5 weeks post-surgery, progress to external rotation in the sidelying position (i.e., patient lies on the uninvolved side with the involved arm by the side of the body and elbow flexed 90°).
9. Add supraspinatus strengthening exercises.
10. Add active shoulder abduction to 90°.

6 - 8 WEEKS POST-SURGERY

1. Continue strengthening exercises with emphasis on the rotator cuff muscles.
2. Add shoulder flexion strengthening exercises.
3. Add horizontal adduction (from 15° to 20° horizontal adduction to 90°).
4. May begin upper body ergometer for endurance training starting at low resistances.

2 - 4 MONTHS POST-SURGERY

1. Progress with resistive exercises as tolerated (i.e., rotator cuff, shoulder flexion, abduction, extension and horizontal adduction).
2. By 2 months, patient should have full range-of-motion.

3. May include isokinetic strengthening and endurance exercises at the faster speeds (i.e., 200+ degrees/second) for shoulder internal and external rotation. The shoulder is positioned in 15°-20° flexion to protect the anterior joint capsule.
4. At 2 to 2-1/2 months, add push-ups lowering the body until the arms are level with the trunk. Begin with wall push-ups, progressing to modified (on the knees) and then military push-ups (on the toes). The arms are positioned at 80°-90° abduction. Do not lower the body causing the arms to go past the body, which would stress the anterior capsule.
5. Add horizontal abduction to neutral.
6. If patient has full ROM, begin restoring normal scapulohumeral rhythm.

4 MONTHS POST-SURGERY

1. Continue progressing weights with emphasis on eccentric exercises. May begin isokinetic strength training for flexion and abduction. May add training at the slower speeds with continued emphasis on the higher speeds.
2. Perform first isokinetic test evaluating strength and endurance in the following movement patterns: internal and external rotation, flexion and extension, abduction and adduction. Each movement pattern is tested on a different day (i.e., conduct test over a 3-day period).
3. If the isokinetic test indicates adequate strength and endurance (80% or above as compared to the uninvolved shoulder), begin the Throwing Program.

5 MONTHS POST-SURGERY

1. Add chin-ups.
2. Continue strength and endurance training and Throwing Program, as tolerated.
3. Add total body conditioning program.

6 MONTHS POST-SURGERY

1. Continue strengthening and endurance exercises with emphasis on the muscles needed specifically to the sport played.