

Daniel J. Prohaska, M.D.

Advanced Orthopaedic Associates

2778 N. Webb Rd.
Wichita, KS 67226

316-631-1600
Fax: (316) 631-1666
1 (800) 362-0591



MULTIDIRECTIONAL INSTABILITY (INFERIOR CAPSULAR SHIFT) POST SURGICAL PROTOCOL

CLASSIC MULTIDIRECTIONAL INSTABILITY

1 - 6 weeks	Arm held in brace, slightly abducted Neutral rotation Gentle isometric exercises (Elbow, forearm and hand) Elbow AROM exercises Shoulder ROM: Slowly progress flexion to 90 degrees by week 6; External rotation slowly progressed to 20 degrees by 6 weeks
6 weeks	D/C brace Submaximal isometric shoulder exercise as tolerated ROMs gradually introduced slowly for all planes: Goal for full ROM by week 12
12 weeks	Progressive strengthening
9 - 12 months	Contact sports

BIDIRECTIONAL INSTABILITY (ANTERIOR INFERIOR): without significant posterior instability Sling-6 weeks out for rehab

10 days - 2 weeks	Isometrics: (All shoulder motions) ROM: Ext. rotation to 10 degrees, forward elevation 90 degrees
2 - 4 weeks	ROM: Ext. rotation to 30 degrees, forward elevation 140 degrees Isometric strengthening
4 - 6 weeks	ROM: Ext. rotation to 40 degrees, forward elevation 160 degrees Resistance exercises begun
16 weeks	ROM: Ext. rotation to 50 degrees, forward elevation 180 degrees Resistance exercises
3 months	ROM: Ext. rotation increase gradually from 50 degrees Strengthening begins with arm in neutral below 90 degrees

* Object to regain motion over several months because progressive too quickly may lead to recurrent instability

4 - 12 months - Return to contact sports