

## Rehabilitation following Anterior Capsulorrhaphy

Phase	Intervention	Goals and Criteria for Progression
<b>Weeks 0-4 Post-Op</b>	<b>Post-Op Day 1:</b> <ul style="list-style-type: none"> <li>• Educate on precautions</li> <li>• Pendulum exercises, 25x in each direction, depending on surgeon recommendations</li> <li>• Forward Bow exercise</li> <li>• Elbow AROM, ball squeezes</li> <li>• Ice PRN</li> </ul> <p><b>***Restrictions: NO ER past 30° for first 3 weeks, flexion to 90°</b></p>	Protect incision/promote healing Permit capsular healing Control pain/inflammation Monitor for infection Patient education Initiate ROM exercises
<b>Weeks 4-6 Post-Op</b>	Continue w/ previous phase exercises  Begin ROM progression in supine, progress to reclined, then to anti-gravity  Rhythmic stabilizations  Manual resistance to scapular region  Add "scapular clocks"  Begin strengthening	Initiate ROM  Decrease pain  Improve neuromuscular control and strength  Be able to elevate to 90° elevation in scapular plane without humeral head elevation  Begin strengthening
<b>Weeks 6-12 Post-Op</b>	Continue exercises from previous phase  Add stretching into cross-body adduction, IR  Add resistance as tolerated  Plyoball progression begins about week 12	Increase ROM to full AROM  Begin 90/90 ER progression about week 12  Increase strength of rotator cuff and scapular muscles  Total arm strength  Increase strength in functional positions (overhead, 90/90/overhead athlete)

<p><b>Weeks 12-16 months Post-Op</b></p>	<p><b>Progress exercises from previous phases</b></p> <p><b>When appropriate:</b></p> <ul style="list-style-type: none"> <li>• Push ups/DB bench pressing</li> <li>• Shoulder Press</li> <li>• UE Plyometric activities</li> </ul> <p><b>Bilateral shoulder flexion on the wall</b></p> <p><b>Wall Angels</b></p>	<p><b>Achieve full AROM in all planes</b></p> <p><b>Work on achievement of full PROM in functional positions</b></p> <p><b>Strength testing strong and painless, should not be able to “break” patient during test</b></p> <p><b>HHD testing when appropriate</b></p> <p><b>Return to work/sport or desired activities</b></p>
<p><b>Weeks 16 - 24 months Post-Op</b></p>	<p><b>Single arm plyoball throws</b></p> <p><b>Closed chain plyometrics</b></p> <p><b>Continue strengthening from previous phase</b></p> <p><b>Begin interval throwing/sport program</b></p> <p><b>Wall Flexion, Wall Angels</b></p>	<p><b>Achieve full AROM/PROM in all planes</b></p> <ul style="list-style-type: none"> <li>• Full flexion in supine, humerus resting on table</li> <li>• Able to lay in supine w/ arms overhead</li> <li>• Normal wall flexion and wall angels</li> </ul> <p><b>Continue working on achievement of full PROM in functional positions</b></p> <p><b>Strength testing strong and painless, should not be able to “break” patient during test</b></p> <p><b>HHD testing when appropriate</b></p> <p><b>Return to work/sport or desired activities</b></p> <p><b>Emphasize prevention and long-term HEP</b></p> <p><b>CRITERIA FOR RETURN TO SPORT CONSIDERATION:</b></p> <ul style="list-style-type: none"> <li>• Normal wall flexion and wall angels</li> <li>• Symmetrical AROM</li> <li>• Strength testing painless. IR:ER ratio at least 66%</li> <li>• Symmetrical UE YBT</li> <li>• In contact athletes: Single arm DB bench press for 30 seconds 20-30% BW</li> <li>• Interval sport program completed</li> </ul>