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Anterior Capsulolabral Reconstruction Protocol

An Anterior Capsulolabral Reconstruction (ACLR) is a procedure done for lesser anterior instability. An anterior axillary approach to the shoulder is made. The interval between the deltoid and the pectoralis major is developed. The subscapularis is identified and split horizontally. The subscapularis and underlying capsule is developed and the subscapularis is mobilized. The ligamentous capsule is then split horizontally. The capsule is overlapped taking the inferior flap up under the superior flap. The subscapularis is then re-approximated side to side. The subscapularis is never taken off completely in an ACLR. The interval between the pectoralis major and deltoid is approximated and the skin is closed over a drain.

Recommendations:

- Wear sling for no longer than 6 weeks.
- No driving until 4 – 6 weeks post-op.
- Ice 3-4 times per day as needed for 1st week then as needed thereafter.
- Encourage PROM at home daily (2 – 3 sessions) by family member for the first 6 - 8 weeks.
- **PROM Limits: Forward elevation to 90°, abduction to 45° and external rotation (in 0° abduction) to 20° for the first 4 weeks.**
- No shoulder extension for the first 6 weeks.
- Return to work and sport to be determined on an individual basis by the physician.

Post-op Protocol:

0 - 4 Weeks:

- Instruct family member in proper PROM techniques and ROM limitations. *Have them perform a supervised demonstration.*
 - Educate on importance of proper posture sitting and standing
 - Wean from sling (daytime) **in a controlled environment** after 2 weeks. **NO arm swinging until after 4 weeks.**
1. Easy PROM within limitations: Forward elevation to 90°, abduction to 45° and external rotation at 0° abduction to 20°.
 2. Submax isometrics in all planes.
 3. Soft tissue massage once portals heal.
 4. Progress to cane exercises for external rotation (arm at side) to neutral.
 5. Shoulder shrugs in supine.
 6. Gentle manual resistance for scapular protraction/retraction and elevation/depression.
 7. Supine rhythmic stabilization in 90° forward elevation.

8. AROM of all UE joints distal to shoulder with elbow supported.
9. Mass grip exercises with tennis ball or theraputty.

4 - 6 Weeks:

- Discontinue daytime use of sling at 4 weeks. Sleep in sling for 5 - 6 weeks. Discontinue sling completely by 6 weeks.
 - Begin AAROM
1. PROM within limitations: Forward elevation to 90°, abduction to 90° and external rotation at 0° abduction to 30°.
 2. Easy AAROM within ROM limits beginning in supine (i.e. Wand exercise for forward elevation only while supine).
 3. Prone extensions and prone rows to neutral (e.g. 0° shoulder extension).

6 - 8 Weeks:

- PROM to tolerance
 - Begin AROM within pain-free ROM
1. Begin to push PROM & AAROM.
 2. Pulley for abduction and forward elevation.
 3. UBE (no shoulder distraction).
 4. Row machine (vertical grip and no shoulder distraction).
 5. AROM with emphasis on rotator cuff exercises, without resistance, including sidelying external rotation & standing forward elevation <90°. Progress to prone horizontal abduction (thumbs up) at 100°, prone external rotation in 90/90 position, and prone extension, all within pain-free ROM.
 6. Progress to theraband for internal and external rotation at neutral.

8 - 12 Weeks:

- Begin RROM within pain-free ROM
 - Gradual progression of functional activities if ROM and strength allow proper mechanics of the shoulder complex
 - PROM within end range limits by 12 weeks
1. Progress to PRE's as appropriate.
 2. Begin gentle CKC exercises.
 3. Manual PNF.
 4. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.

12 - 16 Weeks:

- Equal strength, bilaterally, by 16 weeks
 - Emphasize concepts of frequency, duration and intensity of training
1. Progress CKC exercises to include seated press-ups, step-ups, BAPS board, treadmill and

- push-ups with a plus (wall to floor progression).
2. Begin endurance training with emphasis on upper extremity activities (e.g. UBE).
 3. Begin limited sport-specific activities.

16+ Weeks:

1. Progress sport-specific activities including interval throwing and swinging programs.
2. Return to sports to be determined by MD (usually 4 – 6 months depending upon sport and position).