

Dr. Larry “Chip” Bankston

Neer Capsular Shift Protocol (Posterior- Inferior)

Recommendations:

- Wear sling with wedge positioned along distal forearm/wrist until 4-6 weeks post-op to prevent IR
- No driving until patient has painless, functional ROM (must be out of sling)
- Ice 3-4 times per day as needed for 1st week then as needed thereafter.
- **PROM Limits: Forward elevation and abduction to 45 degree for 4 weeks and to 90 degree from 4-6 weeks. IR (in 0 degree abduction) to 30 degree. External rotation to tolerance.**
- Return to work and sport to be determined on an individual basis by physician

Post-op Protocol:

0-4 Weeks:

- Instruct family member in proper PROM techniques and ROM limitations (if any). *Have them perform a supervised demonstration.*
 - Educate on importance of proper posture sitting and standing
1. Easy PROM within limitations
 2. Soft tissue massage once portals heal
 3. Progress to wand exercises for external rotation (arm at side) to tolerance
 4. Shoulder shrugs in supine
 5. AROM of all UE joints distal to shoulder with elbow supported
 6. Mass grip exercises with tennis ball or therapy putty
 7. Begin submax isometrics in all planes (no external rotation isometrics secondary to the detachment of the infraspinatus).

4-6 Weeks:

- Wean from sling (daytime) **in a controlled environment** after 4 weeks, Sleep in sling for 6 weeks. Discontinue sling completely by 6 weeks.
 - Begin AAROM
1. Easy AAROM within ROM limits beginning in the supine (i.e. Wand exercise for forward elevation only while supine).
 2. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression

6-8 Weeks:

- PROM to tolerance in all planes (avoid aggressive internal rotation and horizontal abduction)
 - 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 side lying external rotation & standing forward elevation < 90 degrees. Progress to prone horizontal abduction (thumbs up) at 100 degrees, prone external rotation in 90/90 position, and prone extension, all within pain-free ROM
 6. Progress to theraband for internal and external rotation in 0 degree abduction

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
 - Begin stretching into horizontal adduction and IR within end range limits by 12 weeks
1. Progress to PRE's as appropriate
 2. Begin gentle CKC exercises in a slightly horizontally abducted plane to avoid straight posteriorly directed forces
 3. Begin low-level plyometric progression including 2-hand plyoback balls 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 multi-speed isokinetics as appropriate
 4. 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 6+ months depending upon sport and position).