

## **Dr. Larry “Chip” Bankston**

### **Posterior Capsulorrhaphy/Stabilization**

A Posterior Capsulorrhaphy is performed for posterior instability. This procedure can be performed arthroscopic or open. In arthroscopic procedures, suture anchors are utilized to reattach the posterior labrum to the glenoid. With Open procedures, a posterior axillary incision is made. The deltoid is taken off of the posterior acromion. The infraspinatus is identified and split horizontally or the interval between the infraspinatus and teres minor is developed. Dissection is carried out down to the level of the capsule. The capsule or posterior ligaments are incised horizontally. The inferior and superior flaps of ligamentous tissue are mobilized and then overlapped. The inferior flap is transferred up under the superior flap and sutured to reduce posterior ligamentous laxity. The infraspinatus/teres minor interval is repaired side to side. The deltoid is repaired back to the acromion through drill holes in the posterior acromion. The skin is then closed.

#### **Recommendations:**

- Wear sling with wedge positioned along distal forearm/wrist until 6 weeks post-op to prevent IR.
- Ice 3-4 times per day as needed for 1<sup>st</sup> week then as needed thereafter.
- **PROM Limits:** Forward elevation to 90° and abduction to 45° for 4 weeks. IR (in 0° abduction) to 30°. External rotation to tolerance. Progress ROM to tolerance after 4 weeks. Avoid crossbody adduction or IR past Gr Troch x 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 (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 theraputty
7. Begin submax isometrics in all planes except extension secondary to the detachment of the posterior deltoid.

#### 4 - 6 Weeks:

- Wean from sling (daytime) **in a controlled environment** after 4 weeks. Sleep in sling for 5 - 6 weeks. Discontinue sling completely by 6 weeks.
- Begin AAROM
  1. PROM within limitations: Forward elevation as tolerated and abduction to 90°; internal and external rotation to tolerance in 0° abduction.
  2. Easy AAROM within ROM limits beginning in supine (i.e. Wand exercise for forward elevation only while supine).
  3. 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
  2. Pulley for forward elevation and abduction
  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°. 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 in 0° 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<sup>90</sup>. Should be 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 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 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).