

Alexander Martusiewicz, MD

Shoulder and Elbow Specialist

www.DetroitShoulderSurgeon.com

Phone: 313-887-6000

Fax: 313-887-6005

Rehabilitation Protocol Anterior Capsulolabral Reconstruction (Arthroscopic)

Phase I: Protect repair (*0 to 6 weeks*)

- Patients may shower postop day # 2.
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Pendulum exercises
 - Passive and active assistive ER at the side to 30, flexion to 130, true glenohumeral scapular plane abduction to 90
- May start active scapular mobility exercises at 3 to 4 weeks - must keep the shoulder musculature relaxed.
- AVOID range of motion into abduction, ER >30 degrees or ACTIVE IR

Phase II: Progress ROM and protect repair (*6 to 12 weeks*)

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Advance active and passive ROM:
 - ER at the side and flexion to tolerance
 - Scapular plane elevation to 130
 - IR and extension to tolerance
- Initiate gentle rotator cuff strengthening.
- Continue scapular stabilizer strengthening.
- Avoid combined abduction and ER ROM, active or passive.

Phase III: Full function (*>3 months*)

- Begin combined abduction with ER ROM and capsular mobility.
- Discontinue lifting restrictions.
- Advance rotator cuff and scapular stabilizer strengthening.

- Initiate functional progression to sports specific activities at 4 months.

Return to Activities

Computer	As soon as tolerated
Driving	When no longer taking narcotics
Run	8 weeks
Golf	3 months
Tennis	3 months
Swimming	4 months
Weight lifting	4 months
Contact sports	6 months