



Orthopedic Associates of Hartford Return-to-Sport after Capsulolabral Repair

This protocol is a criterion-based protocol, with a goal of maximizing healing and strength recovery, while minimizing risk of re-injury, so the athlete can return, as quickly and safely as possible, to athletic activities at the pace that each individual progresses.

*****This is a summary of a clinical reference protocol, use the link below to view the protocol in its entirety*****

Post Operative Phase I: Days 1-7

Sling up to 7 days: If patient is deemed eligible for accelerated protocol: D/C of sling 3 days only, then sling is only worn for sleeping and in public for 1-2 weeks if patient is not confident or pain persists. Ensure proper fit of sling

- Patient given Home Exercise Program before leaving recovery with instructions on Care and Exercises until patient is first seen in for Physical Therapy (See Attached HEP/Care Instruction Sheet)

- o Cryotherapy to control pain and swelling
- o Pendulums
- o Ball Squeezes
- o Wrist and Elbow Flexion and Extension movements
- o Picture of ADL'S under surgically repaired arm

Protection/ROM Phase II: Weeks 1-6

Goals:

Weeks 1-3

Passive Forward Elevation: 125°

Passive ER: (@ 20-30 ABD): 10°-40°

Passive IR: (Scapular Plane): 45°

AAROM: Once Passive Forward Elevation to 110° is met without increased pain, Active Assist Forward Elevation limited to tolerance.

**** No Horizontal Adduction or IR behind the back**

Weeks 4-6

Passive Forward Elevation: 145°-160°

Passive ER(@20°-30° abd): 40°-50°

(@ 90° ABD): 45°

IR (scapular plane): Slowly progress

Abduction: Limit °to 90
Active Forward Elevation: 115°

Treatment:

Elbow/Wrist ROM exercises

Pendulums

Submaximal Isometrics IR/ER (begin in weeks 2-3)

Rhythmic Stabilization (begin in week 2) in sidelying to the shoulder and scapula

Patient driven ROM: ER and Flexion

Supine Flexion (once patient reaches 110°)

Criteria for entering Phase III

1. Reached Staged ROM Goals for POW 4-6
2. Minimal to no pain with all passive ROM and current exercises
3. No persistence of swelling/inflammation
4. No apprehension or impingement signs

Strengthening Phase III: Weeks 6-12

Goals:

Follow weekly ROM goals

Increase allowed functional activities

Progress exercise endurance, difficulty and add light-moderate resistance

ROM

Weeks 7-8

Passive Forward Elevation: 160°-WNL

Passive ER: (@ 20°-30° Abd): 60°-80°

Passive ER: (@ 90° Abd): 60°

IR (Scapular Plane): 60°

Abduction: Slowly progress as tolerate

Active Forward Elevation: 155°

Abduction: Slowly progress as tolerated

Active IR & ER: Slowly progress as tolerated

Weeks 9-12

Passive/Active ER: (20°-30° abd: 80°-90° (by week 12)

@90° Abd: 75°-90°(by week 12, 110°-115° if patient is a throwing athlete.

Passive/Active IR (@ 90° Abd): 30°-65° (by week 12)

Active Forward Elevation: must be 180° (by week 12)

Passive/Active Abd: Must be 180°/WNL (by week 12)

Treatment:

Closed Chain Exercises: Quadruped initially then UE reaching exercises @ planks @ prone and sidelying) @ Wall push ups @ Wall push ups plus. No push ups on the floor.

Rotator Cuff Strengthening

Bands or dumbbells

Elbow Flexion/Extension

Thrower's Ten Program(week 10)

Interval Golf Program: Patient may begin light chipping and putting at week 9 post op progressing to half swings by week 12.

Criteria for entering Phase IV

1. Minimal to no pain with ROM, Strength and functional exercises
2. Achieve full ROM Goals without pain
3. Strength testing of 70-80% of the contralateral side

Advanced Phase IV: Weeks 12-24

Goals:

To normalize shoulder strength, endurance and neuromuscular control and begin exercises to improve power

Gradually return to ADLs, work, fitness/recreational activities (not return to sport however)

Begin sport skill training

Begin plyometric training

Treatment

Progress shoulder strengthening from the previous phase with emphasis on high speed, multi planar , entire kinetic chain movements.

Patient can use resistant bands to simulate batting, golf or tennis swing.

Advanced weight lifting program:

Shrugs, Lat Pull Down (bar in front), Incline press, Pec Flys, Rows, Dead Lifts, Power cleans, Incline push ups and push up plus.

Plyometric Phase:

Begin with tennis or beach ball and progress to weighted balls

Two Handed @ One handed throws/tosses

* See criteria to advance to Return to Specific Sport Protocols in the Clinical Reference