

Balazs Galdi, M.D.
140 Bergen Street, ACC D1610
Newark, NJ 07103
Tel: (973) 972-8240
Fax: (973) 972-9367

**ARTHROSCOPIC ANTERIOR CAPSULOLABRAL RECONSTRUCTION
POST-OPERATIVE PHYSICAL THERAPY PROTOCOL**

Weeks 0-2

Primary goals: Eliminate swelling; Regain ROM

- Patient is placed in a sling immediately postop.
- Sling may be removed for active abduction, flexion and external rotation in the scapular plane 2 times per day and to allow the shoulder to adduct
- Do not force external rotation but attempt to gain additional
- Isometric shoulder exercises may be performed in all planes of motion and at multiple angles within each plane (e.g., 30°, 45°, etc.) as tolerated.
- Active elbow flexion/extension strengthening exercises.
- May squeeze a soft ball.

Weeks 2-4

Primary goals: Increase ROM

- Attempt to reach full ROM at the end of 4 weeks post-surgery.
- Add active internal and external rotation with the arm at the side and elbow flexed 90 degrees. May use surgical or elastic tubing for resistance as tolerated.
- Add shoulder shrugs.
- Add active scapular retraction with the arms by the side of the body.

Weeks 4-6

Primary goals: Normal ADLs; Increase functional capacity; Increase strength

- Range of motion-within normal limits
- Continue ROM exercises. Protect the anterior capsule. Do not overstretch.
- Add supraspinatus strengthening exercise.
- Add shoulder flexion strengthening exercise
- Add active shoulder extension in the prone position. Only extend the arm until it is level with the trunk
- Progress to sidelying external rotation exercises.

- Add isotonic shoulder abduction to 90°.
- Restore normal shoulder rhythm (i.e., scapulohumeral and glenohumeral joints).
- Add upper body ergometer for endurance training beginning at low resistance.

Weeks 6-10

Primary goals: Increase functional leg strength; Normalize balance and proprioception

- 2# ball toss on trampoline – unilateral stance – increase dispersion with improved control
- Be sure the posterior and inferior joint capsules allow for full ROM and normal glenohumeral joint kinematics to occur. The patient should have full ROM by 4 - 6 weeks post-operation.
- Progress with weights as tolerated (i.e., shoulder flexion, abduction, internal and external rotation, extension, supraspinatus, etc.). Continue emphasis on strengthening the rotator cuff musculature.
- Add isokinetic strengthening and endurance exercises at the faster speeds (e.g., 200°/sec or faster) for internal and external rotation. May add other directions (e.g., flexion, abduction) as needed.
- Add horizontal abduction with scapular adduction (i.e., prone position, horizontally abducting the humerus from 90° horizontal adduction to 0°).
- Add a lower body conditioning program.
- If there is full ROM, normal joint mechanics, and pain free movement, begin Shadow Mechanics to simulate the throwing motion.
- **NOTE:** Shadow Mechanics - simulating the mechanics of the throwing motion without actually throwing an object. A towel or long, slightly weighted sock may be used to provide slight resistance for the arm. The goal of this exercise is to correct any mechanical deficiencies (such as being late, dropping the elbow, and opening up too soon) before actually attempting to throw a baseball.

Weeks 10-14

Primary goals: Increase agility and speed of training; Normalize strength; Increase muscular endurance

- Sliding board side-side with rotation

Months 4-6

Primary goals: Gradual return to athletic activity; Discharge onto home program

- Continue strengthening and endurance exercises with emphasis on the muscles needed specifically for their playing position.
- Continue with the Throwing Program with emphasis on proper throwing mechanics, as tolerated.