

## Shoulder Pancapsular Plication Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

### 0-2 Weeks Post-Op: General Guidelines

**Precautions: No external rotation beyond 0°**

**Goals: Decrease pain, allow minimal passive motion. Patient should wear immobilizer sling for first 4 weeks, or as directed by physician.**

- Starting on the day of surgery, patient will perform the following exercises as instructed by physician: • Codman's pendulum exercises, shoulder shrugs, scapular retraction, scapular depression, elbow curls without weight, and grip strengthening
- One week after surgery, patient may begin light aerobic exercise (bike, walk) while wearing sling for cardiovascular fitness
- Ice for several times / day for pain and inflammation control

### Stage I: (Week 2 – 4) Patient seen 2-3x/week

**Goals by end of Week 4: PROM scaption to 120° supine, ER to 30° supine w/arm abducted 45 degrees, IR to 60°**

**Precautions: No ER beyond 30° supine**

- Continue use of abduction sling per physician
- Supine PROM for flexion, scaption, ER, and IR to torso
- Supine AAROM cane exercises for scaption, flexion, and ER to 30°
- Bicep curls with no more than 3 lbs.
- Lawnmowers, table lifts
- Submaximal (20-50% effort) isometrics for shoulder musculature in standing or supine
- Soft tissue mobilization as needed for cervicoscapular muscle tension
- Scapular mobilization in sidelying to promote proper scapulohumeral rhythm
- Scapular stabilization exercises (sidelying scapular isometrics, prone shoulder retraction and extension to neutral)
- Core strengthening exercises as indicated to promote proximal stability

### Stage II: (Week 5-8) Patient seen 2-3x/week

**Goals by end of Week 8: PROM scaption to 160°, ER to 70° supine w/arm abducted 45 degrees, IR to table in supine.**

**Precautions: No ER beyond 70° in supine with arm abducted to 45°**

- Begin pulley exercises for AAROM in planes of flexion and scaption
- Continue above exercises, gradually increasing abduction angle with ER PROM
- When full PROM is achieved, begin AROM through full ranges of motion in gravity-neutral positions
- Progress to wall fingerwalking exercises for flexion and abduction
- Tubing exercises for shoulder retraction and IR at side
- Quadruped exercises: closed-chain weight shifting, rhythmic stabilization
- Supine serratus anterior punches
- Add sidelying ER AROM without weight
- At Week 8, begin prone middle trap and lower trap strengthening exercises

### **Stage III: (Week 9 – 12) Patient seen 1-2x/week**

**Goals by Week 12: Full PROM and AROM with good scapulohumeral rhythm, improved deltoid and rotator cuff strength. Do not begin isotonic strengthening exercises until full PROM is achieved.**

- Closed-chain ball circles on wall at shoulder height
- Add weights to sidelying ER, add ER with tubing in standing
- Progressive weights with standing shoulder AROM
- AROM flexion, scaption, PNF D1 and D2 diagonals
- Bodyblade
- Tubing or pulley resisted flexion, horizontal abduction/adduction, lat pulldowns

### **Final Stage: (Week 12 to 6 Months Post-Op): Patient seen as needed**

**Goals for Discharge: Full strength of rotator cuff, deltoid, and periscapular muscles**

- Advanced deltoid and cuff strengthening exercises
- Add towel stretch or same-side sidelying “sleeper” stretch for IR ROM if needed
- Add UE plyometric exercises with balls
- Facilitate return to weightlifting equipment for bilateral upper extremities with progressive weights
- For racquet sports, initiate functional pattern exercises with tubing, pulley, free weights, etc. at 4 months post-op
- For throwing sports, initiate progressive throwing program at 4 months post-op, with full return by 6 months post-op

### **Long-Term Contraindications**

- ER stretching should never be performed past 90° by the therapist
- No incline or flat bench press
- No shoulder dips
- No behind-the-head military press or lat pull-down
- No deep pushups (only to neutral shoulder-elbow position)