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PHYSICAL THERAPY PRESCRIPTION

**ANTERIOR LABRAL REPAIR
REHABILITATION PROTOCOL**

Patient Name _____

Treatment Frequency : 2-3 times per week, for 8 weeks

Site: R L

MODALITIES: PRN

Please send progress notes.

Physician's

Signature: _____

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Orthopedic Surgeon

This rehabilitation program's goal is to return the patient/athlete to their activity/sport as quickly and safely as possible, while maintaining a stable shoulder. The program is based on muscle physiology, biomechanics, anatomy and the healing process following surgery for a capsular shift.

The capsular shift procedure is one where the orthopaedic surgeon makes an incision into the ligamentous capsule of the shoulder and pulls the capsule tighter and then sutures the capsule together.

The ultimate goal is a functional stable shoulder and a return to a pre-surgery functional level.

1. Phase I - Protection Phase (Week 0 - 6)

Goals: Allow healing of sutured capsule
Begin early protected range of motion Retard muscular atrophy
Decrease pain/inflammation.

Week 0-2

Precautions:

1. Sleep in immobilizer for 4 weeks
2. No overhead activities for 4-6 weeks
3. Wean from immobilizer and into sling as soon as possible (orthopaedist or therapist will tell you when)

Exercises;

Gripping exercises with putty
Elbow flex/extension and pronation/supination
Pendulum exercises (non-weighted)
Rope & Pulley active assisted exercises
- shoulder flexion to 90 degrees
- shoulder abduction to 60 degrees
T-Bar Exercises
- external rotation to 15-20 degrees with arm abducted at 40 degrees
- shoulder flexion/extension to tolerance
AROM cervical spine
Isometrics
- flexors, extensors, ER, IR, ABD

Criteria for Hospital Discharge:

1. Shoulder range of motion (AAROM) flexion 90 degrees, abduction 45 degrees. ER 40 degrees
2. Minimal pain and swelling
3. "Good" proximal and distal muscle power

Week 2 - 4

Goals: Gradual increase in ROM Normalize arthrokinematics Improve strength

Decrease pain/inflammation

1. Range of Motion Exercises .

T-Bar active assisted exercises ER @ 40 degrees ABD to 45 degrees IR @ 40 degrees ABD to 45 degrees Shoulder flex/ext to tolerance Shoulder abduction to tolerance Shoulder horizontal ABD/ADD Rope & Pulley flex/ext

* All exercises performed to tolerance

- take to point of pain and/or resistance and hold
- Gentle self capsular stretches

2. Gentle joint mobilization to re-establish normal arthrokinematics to:

- scapulothoracic joint
- glenohumeral joint
- sternoclavicular joint

3. Strengthening exercises

- isometrics
- may initiate tubing for ER/IR at 0 degrees

4. Conditioning program for:

- trunk
- lower extremities
- cardiovascular

5. Week 5 Decrease pain/inflammation

- ice, NSAID, modalities

AAROM flexion to tolerance / IR/ER @ 45 degrees ABD to tolerance Initiate isotonic (light wt.) strengthening/ Gentle joint mobilization (Grade 111)

D. Week 6

AAROM: Continue all stretching exercises

Progress ER/IR @ 90 degrees abduction

Phase II - Intermediate Phase (Week 7 - 12)

Goals: Full non-painful ROM at week 8-10 Normalize arthrokinematic

Increase strength

Improve neuromuscular control

A. Week 7 – 10

1. Range of Motion Exercise T-Bar active assisted exercises Continue all exercises listed above Gradually increase ROM to full ROM week 8 to 10 Continue self capsular stretches Continue joint mobilization
2. Strengthening Exercises Initiate isotonic dumbbell program
 - sidelying ER
 - sidelying IR
 - shoulder abduction
 - supraspinatus -latissimus dorsi
 - rhomboids
 - biceps curls
 - triceps curls
 - shoulder shrugs
 - push-ups into chair (serratus anterior)Continue tubing at 0 degrees for ER/IR
3. Initiate Neuromuscular Control Exercises for Scapulothoracic Joint

B. Week 10 - 12

1. Continue all exercises listed above
2. Initiate tubing exercises for rhomboids, latissimus dorsi, biceps and triceps
3. Initiate aggressive stretching and joint mobilization, if needed

Phase III - Dynamic Strengthening Phase (Week 12 - 20)

Advanced Strengthening Phase

A. Week 12 - 17

Goals: Improve strength/power/endurance
Improve neuromuscular control Prepare athlete to begin to throw

1. Criteria to Enter Phase III:
 - a. Full non-painful ROM
 - b. No pain or tenderness
 - c. Strength 70% or better compared to contralateral side

Emphasis of Phase III:

- high speed; high energy strengthening exercises
- eccentric exercises
- diagonal patterns

Exercises;

Throwers Ten Exercises:

- Initiate tubing exercises in 90/90 position for IR and ER (slow sets, fast sets)
 - Tubing for rhomboids -Tubing for latissimus dorsi -Tubing for biceps
 - Tubing for diagonal patterns D2 extension
 - Tubing for diagonal patterns D2 flexion
 - Continue dumbbell exercises for supraspinatus and deltoid
 - Continue serratus anterior strengthening exercises push-ups floor
2. Continue trunk/LE strengthening exercises
 3. Continue neuromuscular exercises
 4. Continue self capsular stretches

B. Week 17 - 20

- Continue all exercises above
- Initiate plyometrics for shoulder:
 - ER at 90 degrees ABD
 - IR at 90 degrees ABD
 - D2 extension plyometrics
 - Biceps plyometrics
 - Serratus anterior plyometrics

Phase IV - Throwing Phase (Week 20 - 26)

Goals: Progressively increase activities to prepare patient for full functional return Criteria to Progress to Phase IV:

1. Full ROM
2. No pain or tenderness .
3. Isokinetic test that fulfills criteria to throw
4. Satisfactory clinical exam

Exercise:

- Initiate interval throwing program
- Continue throwers ten exercises
- Continue plyometric five exercises

A. Interval Throwing Program at 20th Week

1. Interval Throwing Program Phase II - 24th week

B. Return to Sports: 26 - 30 weeks