OSF HEALTHCARE

POSTERIOR CAPSULAR SHIFT

Postop	Goals	Precautions	Exercises
Week 0-4 PT 1-2x/week starting week 2	Edema and pain control. Initiate ROM within precautions after 2 weeks.	Sling except exercises & shower. No ROM for first 2 weeks. ROM limits: Scaption: 90deg. No ER/IR ROM.	Scapular, elbow, wrist, hand ROM. ROM pain free. No joint mobilization. Education to avoid exceeding ROM limits even if they are performed pain free for duration of protocol.
Week 4-6 PT 1-2x per week HEP Daily	Edema and pain control. Improve ROM within precautions.	Discharge sling as able for simple cases at week 4. For complex cases maintain sling except shower and exercise through week 6, see bottom for details. If sling discharged: No reaching across body, no ADLs above shoulder height. ROM limits: Flexion: 90 deg. Abduction: 90 deg. ER at side: 30 deg. IR at side: to abdomen only. Avoid ROM past discomfort.	Scapular ROM PROM/AAROM within precautions, bias toward scaption avoiding true flexion plane. Pain free ROM. Submaximal rotator cuff isometrics. No closed kinetic chain, no resisted exercise. No joint mobilization.
Week 6-9 PT 1-2x per week HEP daily	Improve ROM within precautions. Initiate AROM.	ROM limits: Flexion/scaption: 120 deg. ER at side: 45 deg. IR at side: 45 deg. No IR away from body. Avoid excessive stretching with ROM. ADL's below shoulder height, no reaching across body, caution with IR.	PROM/AAROM within precautions except for IR. Unresisted AROM within ROM precautions. Submaximal rotator cuff isometrics. No closed kinetic chain, no resisted exercise. No joint mobilization.

Week 9-12 PT 1-2x per week HEP daily	ROM WNL Progress strength training and sport specific training.	Gradually progress to full ROM, avoid excessive stretching. Initiate strengthening within pain free range, 5lb maximum. All resisted exercise below horizontal plane.	PROM/AAROM/AROM with avoiding excessive stretching. Gradually progress scapular, bicep, tricep, rotator cuff resisted exercise. No closed kinetic chain exercise, no resisted bench/chest press, no plyometrics. No joint mobilization.
Week 12-20 PT 1x/week or less frequent with HEP	Ensure near normal strength and ROM prior to initiating more sport/activity specific training.	Avoid resisted or plyometric activity in extremes of ROM. Ensure normal strength and ROM prior to sport specific activity/training. Only progress to mid-range plyometrics once strength in mid ranges is near normal. Avoid return to sport/racquet/throwing program until cleared from surgeon. Joint mobilization ok after week 12 if ROM is still limited but perform with caution.	Sport/activity specific training: Begin with strength training in sport relevant ranges/positions, emphasize core and scapular strengthening relevant to sport/activity. Slowly progress to light plyometrics in mid ranges of motion relevant to sport/activity. Slowly progress ER/IR strengthening at 90/90 position in mid ranges. Slowly progress light bench press, closed kinetic chain activity. Gradual build up in volume, intensity, range of motion, power while avoiding stress to posterior labral structures.

Protocol designed to indicate full weeks completed, i.e. 4 weeks means end of the 4th week, not beginning of 4th week

Degrees= deg.

For bony repair, recurrent remplissage, global hypermobility or complex cases modify the following:

- Maintain sling except shower and exercise through protocol week 6
- No submaximal rotator cuff isometrics until week 6
- No ROM through week 3 then resume ROM limits, no painful ROM
- Anticipate slower ROM progression

Physician-Specific

Scheduling decision tree: When to begin therapy

- Schedule within 2 weeks

  OR

- As Otherwise indicated in the patient's referral

Typical Schedule of follow-up visits with physician after surgery:

Dr. Below: 1, 6, 12, and 18 weeks

Typical Medications:

TED hose:

Dr. Below: 3 weeks

Dressings:

Dr. Below: Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)

Telehealth: