

Chris Miller, M.D.  
Kansas Orthopaedic Center  
7550 W. Village Circle, Wichita, KS 67205  
(316) 838-2020, (800) 937-2020.

**Arthroscopic Anterior Capsulolabral Reconstruction (Shoulder IIA).**

This protocol may be utilized for most arthroscopic reconstructions involving the anterior labrum or capsule. The shoulder structures that are stressed depend on the position of the arm, therefore, it will be necessary to individualize the program based on the location of the lesion. This protocol is to be used for non-throwing athletes / patients including most football players. (Quarterbacks may be placed on a throwing program during the course of rehabilitation, but will not return to contact until 6 months post-op or 4-5 months post-op with a brace).

**Phase I: Restricted Motion: - Maximal Protection Phase. Week 0-2.**

- Immobilizer full time for first week, then at night and when sleeping to 6 weeks post-op.
- Sling during day beginning 10-14 days post-op.
- Gentle AAROM with T-Bar or cane, supine, plane of scapula.
  - Forward flexion 0-60 degrees.
  - ER at 20 degrees abduction (maximal motion 0 degrees).
  - IR at 20 degrees abduction (maximal motion 45 degrees).

\*\* Do NOT abduct and external rotate shoulder during first 4 weeks except as described.

- Elbow / hand ROM
- Isometrics, Submaximal sub-painful contraction.
  - ER, IR, abduction, biceps with arm at side (0 degrees abduction).
- Squeeze ball.
- Modalities for pain and inflammation (ice, electric stim, pulsed ultrasound).

**Week 3-4.**

- Discontinue use of sling end of Week 4-6 (with physician approval).
- Continue use of immobilizer for sleep to end of Week 6 (with physician approval).
- Continue gentle AAROM with T-Bar or cane.
  - Flexion 0-90 degrees.
  - ER at 20 degrees abduction (maximal motion 15 degrees).
  - IR at 20 degrees abduction (maximal motion to tolerance).
- Continue isometrics.
- Continue elbow / hand motion exercises.

### Week 5-6.

- Discontinue use of immobilization for sleep (end of Week 6).
- Gradually progress all ROM exercises with T-Bar or cane.
  - Flexion (0-135 degrees).
  - ER at 45 degrees abduction (maximal motion 30 degrees).
  - IR at 45 degrees abduction (maximal motion to tolerance).
- Initiate light weight isotonic shoulder exercises
  - IR, ER, abduction, supraspinatus, biceps, triceps.
- Initiate light weight isotonic scapular strengthening retraction, protraction, elevation, depression.
- Initiate UBE at 70 degrees abduction.

### Phase II: Moderate Protection Phase (Week 7-10).

#### Week 7-8.

- Progress all motion exercises.
  - Flexion (0-180 degrees).
  - ER at 90 degrees abduction (maximal motion 75 degrees).
  - IR at 90 degrees abduction (maximal motion 75 degrees).
- Continue isotonic strengthening program.
- Initiate diagonal strengthening program (PNF Diagonals).
- Continue all scapular strengthening.
- Initiate Isokinetic exercise (neutral position).
- Initiate theraband ER / IR (at 0 degrees abduction).

#### Week 9-10.

- Goal: Full ROM (Week 10).
- Continue and progress all exercises as stated above.
- Initiate manual resistance exercise programs.

### Phase III: Minimal Protection Phase – (Week 11-14).

#### Week 11-12.

- Continue all flexibility exercises, capsular stretches to maintain full ROM.
- Initiate Throwers Ten Program.
- Initiate light swimming.
- Initiate exercises in the 90 degrees position.

### **Week 13-14.**

- Continue flexibility exercises
- Begin interval throwing program when:
  - Full non-painful ROM.
  - Strength 90% of contralateral side.
  - No pain or tenderness.
  - Satisfactory clinical exam.
- Continue Throwers Ten Exercise Program.
- Initiate Plyometric Exercise Program.

### **Phase IV: Advanced Strengthening Phase (Week 14-16).**

- Aggressive strengthening program for shoulder and scapular musculature.
- Continue Throwers Ten Program.
- Continue Plyometric Program.
- Progress to Phase II of interval throwing (at 16 weeks post-op).

### **Phase V: Return to Activity Phase (Month 4-6 if all goals met).**

- Continue all strengthening exercises.
- Continue all stretching exercises.
- Begin unrestricted throwing.

### **Maintenance Program:**

- Capsular stretches.
- Theraband or Isometrics for Flexion / Extension / Abduction / ER / IR Diagonals.