

# **Anterior Capsulolabral Reconstruction**

## **Phase 1 (0-3 weeks post-op)**

- Patient is immobilized in an abduction splint at 80-90 degrees internal rotation for 3 weeks.
- The abduction splint may be removed to allow the shoulder to adduct and for gentle passive abduction, flexion, and external rotation exercises; 2 sets of 10 repetitions 2 times per day (Do not force external rotation).
- Isometric abduction, horizontal adduction and external rotation.
- Active elbow flexion and extension strengthening exercises.
- May squeeze a soft ball for hand/forearm muscle strengthening.

## **Phase 2 (3-6 weeks post-op)**

- No longer required to wear abduction splint.
- Continue passive ROM exercises with emphasis on protecting anterior capsule.
- Active internal rotation with the arm at the side and elbow flexed 90 degrees.
- Active external rotation with the arm at the side and elbow flexed 90 degrees using rubber tubing (as tolerated).
- Full active external rotation performed with the patient's pain-free ROM.
- Perform active-assistive ROM exercises (wand exercises, wall climbs, etc) and mobilization techniques (as needed).
- Active shoulder extension in the prone position; only extend the arm until it is level with the trunk.
- Add shoulder shrugs.
- By 4-5 weeks, progress to external rotation in the side-lying position; patient lies on the uninvolved side with the involved arm by the side of the body and elbow flexed 90 degrees.
- Add supraspinatus strengthening exercises.
- Add active shoulder abduction to 90 degrees.

## **Phase 3 (6-8 weeks post-op)**

- Continue strengthening exercises with emphasis on the rotator cuff muscles.
- Add shoulder flexion strengthening exercises.
- Add horizontal adduction (from 15-20 degrees horizontal adduction to 90 degrees).
- May begin upper body ergometer for endurance training starting at low resistances.

## **Phase 4 (2-4 months post-op)**

- Progress with resistive exercises as tolerated.
- By 2 months, patients should have full ROM.
- May include isokinetic strengthening and endurance exercises at the faster speeds (200+ degrees/sec) for shoulder internal and external rotation; the shoulder is positioned in 15-20 degrees flexion to protect the anterior joint capsule.

- At 2 to 2-1/2 months, add push-ups lowering the body until the arms are level with the trunk. Begin with wall push-ups, progressing to modified push-ups (on knees) and then military push-ups. The arms are positioned at 80-90 degrees abduction. Do not lower the body causing the arms to go past the body, which would stress the anterior capsule.
- Add horizontal abduction to neutral.
- If patient has full ROM, begin restoring normal scapulohumeral rhythm.

#### **Phase 5 (4 months post-op)**

- Continue progressing weights with emphasis on eccentric exercises. May begin isokinetic strength training for flexion and abduction. May add training at the lower speeds with continued emphasis on the higher speeds.
- Perform first isokinetic test evaluating strength and endurance in the following movement patterns: internal and external rotation, flexion and extension, abduction and adduction. Each movement pattern is tested on a different day (3 day period).
- If the isokinetic test indicates adequate strength and endurance (80% or above as compared to opposite shoulder), begin throwing program (if applicable).

#### **Phase 6 (5 months post-op)**

- Add chin-ups.
- Continue strength and endurance training and throwing program (if applicable) as tolerated.
- Add total body conditioning program.

#### **Phase 7 (6 months post-op)**

- Continue strengthening and endurance exercises with emphasis on the muscles needed specifically to the sport played.