



Rehabilitation Protocol Anterior Capsulolabral Reconstruction (Arthroscopic)

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PHASE I: PROTECT REPAIR

(0 to 6 weeks)

- Patients may shower post-op day # 2.
- Sutures will be removed by surgeon in 7 to 10 days.
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:
 1. Immediate elbow, forearm and hand range of motion out of sling pendulum exercises
 2. Passive and active assistive ER at the side to 30, flexion to 130, true glenohumeral scapular plane abduction 90
- May start active scapular mobility exercises at 3 to 4 weeks
 - Must keep the shoulder musculature relaxed.
- Avoid range of motion into abduction, ER >30 degrees or active IR

PHASE II: PROGRESS ROM AND PROTECT REPAIR

(6 to 12 weeks)

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Initiate gentle rotator cuff strengthening.
- Continue scapular stabilizer strengthening.
- Avoid combined abduction and ER ROM, active or passive.
- Advance active and passive ROM:
 1. ER at the side and flexion to tolerance
 2. Scapular plane elevation to 130
 3. IR and extension to tolerance

PHASE II: FULL FUNCTION

(>3 months)

- Begin combined abduction and ER ROM and capsular mobility.
- Discontinue lifting restrictions.
- Advance rotator cuff and scapular stabilizer strengthening.
- Initiate functional progression to sports specific activities at 4 months.