Anterior Shoulder Reconstruction
(Includes Capsular Shift, Plication, and Bankart Procedures)

Week Three and Four	Weeks Four to Six
Initial Evaluation	**Evaluate**
➢ Posture and position of the shoulder girdle ➢ Passive range of motion ➢ Effusion ➢ Inspect incision for integrity and infection ➢ Assess RTW and sport expectations.	➢ PROM ➢ Effusion ➢ Inspect incision for integrity and infection.
Patient Education	**Patient Education**
➢ Support Physician prescribed meds ➢ Discuss frequency and duration of treatment (2-3x/wk for 10-12 weeks is anticipated. ➢ Educate in avoidance of activity that places stress on shoulder (reaching in back seat of car, throwing, sawing, pull starts on lawn and garden equipment) ➢ Avoid Anterior directed forces x3 months (typically combined ABD/ER)	➢ Educate regarding correction of abnormal movement patterns and posture ➢ Avoid Anterior directed forces x3 months (typically combined ABD/ER) ➢ Educate in avoidance of activity that place stress on shoulder (reaching in back seat of car, throwing, sawing, pull starts on lawn and garden equipment) ➢ Wean from sling at 4 weeks post-op
Therapeutic Exercise	**Therapeutic Exercise**
➢ Active cervical ROM, shoulder shrugs, scapular retraction, wrist/elbow AROM and gripping are all permitted. ➢ May perform pendulums or “cradle the baby” cane assisted IR/ER in open packed position, table slides, cane flexion in supine, and pulleys. ➢ Sub maximal isometrics	➢ Initiate AROM without resistance or compensation (consider Prone, side-lying, and supine table exercises that limit stress on the anterior capsule) ➢ Continue self ROM activity and sub maximal isometrics ➢ Aquatics: Start at week 4. Begin exercises in chest deep water for comfort and maximum ROM. Progress to walking with all arm movements and ROM in prone or standing. For progression add buoyancy.
Manual Techniques	**Manual Techniques**
➢ Grade I and II joint mobilization as needed (No Anterior GH mobilization) ➢ Initiate gentle mobilization of incision when appropriate. ➢ Begin gentle rhythmic stabilization ➢ Do not force combined ABD/ER	➢ PROM and joint mobilization as needed (No anterior GH mobilization) ➢ Continue mobilization of incision as needed ➢ Continue rhythmic stabilization ➢ Initiate gentle PNF
Modalities	**Modalities**
➢ Any modalities as indicated for reduction of symptoms and effusion	➢ Any modalities as indicated for reduction of symptoms and effusion
Goals	**Goals**
➢ Control Pain ➢ Restore PROM ➢ Reduce effusion ➢ Independence with post-operative precautions	➢ Full PROM (with exception of ER) ➢ NO pain with ADL’s ➢ Normal incision tissue mobility.

Weeks Six To Ten	Weeks Ten to Discharge
Evaluate	**Evaluate**
➢ Passive ROM and AROM ➢ Compensatory patterns (early scapular migration, winging, and substitution.	➢ Address any deficits that may limit return to work or sport goals ➢ HEP compliance
Patient Education	**Patient Education**
➢ Continue education regarding correction of abnormal movement's patterns and posture. ➢ Avoid Anterior directed forces x3 months (typically combined ABD/ER)	➢ Continue education regarding correction of abnormal movement patterns and posture. ➢ Gradual return to activity that requires anterior GH forces is permitted at 3 months s/p
Therapeutic Exercise	**Therapeutic Exercise**
➢ Initiate UBE if not already completed. ➢ Pain free isotonic exercises for periscapular and rotator cuff musculature ➢ Add closed chain proprioceptive exercises as indicated ➢ Incorporate trunk stabilization where able (Planks, planks with rows) ➢ Continue with self-stretches as needed ➢ Aquatics; Continue with ROM and walking exercise- may add resistance if pain free and increase speed. May move to shallow water if no compensation with shoulder movement. May add closed chain exercises with kickboard and stabilization exercise with ball toss. Add deep water cardio	➢ Continue isotonic exercises for periscapular and rotator cuff musculature, progressing to shoulder height and above when indicated. ➢ Continue with self-stretches as needed. ➢ Establish independent HEP to include stretching of periscapular and rotator cuff musculature, self-stretches, interval training program at 7-8 months if indicated for RTS.
Manual Techniques	**Manual Techniques**
➢ PROM and joint mobilization as indicated (No Anterior GH mobilization) ➢ Rhythmic stabilization ➢ PNF	➢ Any techniques as indicated (No Anterior GH mobilization)
Modalities	**Modalities**
➢ Any modalities as indicated	➢ Any modalities as indicated
Goals	**Goals**
➢ Full AROM without compensatory movement ➢ 4+/5 strength throughout	➢ Normal strength ➢ Return to work or sport ➢ Independence with HEP

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