

# Arthroscopic Shoulder Capsulorrhaphy

## Physical Therapy Protocol

### Keys to a Successful Outcome

- Pain > 4/10 = Hold progression
- Do not force end range motions during early rehabilitation as this places stress on the repair and we want the capsule to heal first before we place too much for on it.

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-2	Worn at all times	0-2 wks: None	NWB	Elbow/wrist ROM, grip, closed chain scapula, gentle pendulums
Weeks 2-6	Worn during day only**	Start gentle PROM-> AAROM as tol, limit FF to 120°, ER to 45°, ext to 20°	NWB	Codman's, deltoid/scapula isometrics, RTC isometrics, core strengthening
Weeks 6-12	None	Begin AROM, FF 135°, full ER and ext, Abd 90	PWB 50%	Begin resistive exercises for scapular stabilizers, biceps, triceps, and RTC
Weeks 12-16	None	Gradual return to FAROM		Emphasize ER and lat eccentrics, advance from bands to weights, endurance activities
Months 4-6	None	FAROM		Begin plyometrics, aggressive scap stabilization
Months 6+	None	FAROM		Transition to home program per therapist

\*\*May remove sling if arm is supported on chair/desk/table (i.e. desk work, eating)

### Patient Instructions

- Lower body, core, and gentle stationary bike okay immediately if arm in a sling

### General Time Frames for ADLs

- Driving: 2-8 wks (when you feel safe operating the vehicle)
- Elliptical/Running/Cycling: 12 weeks
- Desk/light return to work: 4-8 wks
- Golf (chipping/putting): 8-12 wks
- Throwing: 5 mo

