**ANTERIOR CAPSULAR SHRINKAGE**

**INTRODUCTION**
This is a thermal assisted capsular shift, anterior capsular shrinkage procedure to tighten the shoulder joint capsule. This procedure creates a tighter, more stable joint that must go through an initial period of “healing” before the capsule can be stressed. A fairly conservative early rehabilitation program is described, followed by progressive strengthening of the rotator cuff and scapula stabilizers to encourage dynamic stabilization and support of the GH joint.

Patient must remain in immobilizer until 4 weeks post op. Remove only to shower and for Codman’s Pendulum exercises. The early rehab program is more conservative than other open stabilization procedures.

**DOS:______________**

**Post-op:**
- Pt released in an ultrasling (Dr. Wasser), immobilizer (Dr. Southwell, Dr. Curnow and Dr. Bienz)
- Pt can sleep in a recliner as a comfort alternative or with pillow under elbow
- Modalities as needed for pain
- AROM of the wrist and elbow (without shoulder abduction, flexion or ER past 0 degrees)
- Hand gripping exercises with AROM of the elbow with shoulder stabilized and Pt standing not sitting

**After 1 Week: Begin Date:______________**
- Gentle Codman’s exercises are allowed with IR and with mild shoulder muscle tone (i.e. not completely relaxed)
- Elbow strengthening with shoulder stabilized (contraindicated with superior labral tear) with pt in standing not sitting
- Submax isometric exercises in all planes at 0° abduction
- May mobilize sternoclavicular, acromioclavicular and scapulothoracic joints as indicated
- Initiate manual scapular stabilization

**After 2 Weeks Begin: Begin Date:______________**
- ER is allowed to 0° with elbow at side - Fwd flexion limited to 90° with IR
- Ext limited to 20 degrees - Abd limited to 45° with IR
- NO passive stretching beyond these ranges
- Within the above ranges, strengthening and PRE’s are allowed
- Shoulder shrugs and scapular retraction encouraged to maintain tone of the shoulder girdle
- PRE’s for wrist and elbow

**At Six Weeks Begin: Begin Date:______________**
- D/C sling at 4 weeks
- Focus on return of scapular stability and glenohumeral range of motion
- Active assisted range of motion for flexion and internal rotation in scapular plane
- Passive range of motion with following limits
  - Flex to 135° in scapular plane
  - Abduction to 70°
  - External rotation to 45° in scapular plane and 45° at neutral
- Active flexion, scaption and abduction to 90° (progress past 90° if pain free)
- May stretch and mobilize posterior capsule if tight
- Goal of internal rotation with in 10°
- Isometric exercise in scapular plane abduction, scaption, internal rotation, external rotation
- Scapular stabilization
- Progression to next rehab period requires:
  - 135° flexion/extension in scapular plane
  - 45° external rotation in scapular plane
  - 70° abduction
  - Near full internal rotation in scapular plane
  - Symmetrical posterior shoulder flexibility

At Six to Eight Weeks Begin: Begin Date: 
- Passive stretching into ER is limited to 20° less than the nonoperative side, the patient may actively move farther than this on their own, it is preferable that they regain the last 20° “on their own,” rather than stretching the capsule too early and risk stretching the repair.
- Once at 70°-80° ER in plane of scapula, initiate therapy to acquire ER at abduction of 90°. Do not progress beyond 90° ER at 90° abduction
- Begin resistive exercise
- May initiate UBE
- Posterior glide of glenohumeral joint
- Work toward full glenohumeral range of motion
- May take 10-12 weeks to acquire full active range of motion
- Continue with scapular stabilization (protraction, retraction and elevation)
- Continue with scapular patterns, IR & ER strengthening and deltoid strengthening, also continue PNF patterns
- Resistive exercises are begun, fwd flexion and abduction to 90 and beyond (pulleys, TB, wts, machines)

At Twelve Weeks Begin: Begin Date: 
- Full active range of motion
- Strengthen shoulder muscles above 90° abduction
- Normalize scapula-humeral rhythm
- May begin isokinetics

At Twelve to Fourteen Weeks Begin: Begin Date: 
- Wall push ups
- Plyometric throwbacks
- Resistance training minimizing stress on anterior capsule

At Fourteen to Sixteen Weeks Begin: Begin Date: 
- Overhead activity
- Begin racket/throwing program

At Sixteen Weeks: Begin Date: 
- Pt may return to strenuous overhead sports or work activities, including overhead flexion or throwing


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