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**ARTHROSCOPIC ANTERO-INFERIOR CAPSULAR SHIFT/CAPSULORRHAPHY/
ANTERIOR LABRAL REPAIR**

- 0-2/13 WEEKS:** REHAB SPECIFICATIONS : **(2-3X/WK)**
- IMMOBILIZER BRACE FOR 4 WEEKS
 - INSTRUCTION ON PROPER USE OF MOIST HEAT AND ICE, USE OF SLING (IMMOBILIZER) REST POSITIONING
 - INSTRUCTION OF PROPER HOME ROM FUNCTION

EXERCISES:

- ROM GUIDELINES:
(PROM/AAROM/AROM)
 - o FORWARD FLEXION 0-90 DEGREES
 - o ABDUCTION 0-90 DEGREES
 - o EXTERNAL ROTATION 0-30 DEGREES
 - o FLEXION-WITHIN PAIN LIMITS** ONLY UNI PLANAR MOTIONS
- PENDULUMS/CODMAN'S
- ELBOW/WRIST/HAND ROM/GRIP STRENGTHENING
- ACTIVE SCAPULAR ELEVATION AND RETRACTION EXERCISES

- 2-4/13 WEEKS:** REHAB SPECIFICATIONS: **(2-3X/WK)**
- MANUAL RESISTANCE SCAPULAR EXERCISES

EXERCISES:

- ROM GUIDELINES: (PROM/AAROM/AROM)
 - o FORWARD FLEXION 0-135 DEGREES
 - o ABDUCTION – 0-135 DEGREES
 - o EXTERNAL ROTATION – TO 45 DEGREES OR WITHIN PAIN LIMITS – **WITH ARM ADDUCTED TO THE SIDE**
 - o INTERNAL ROTATION – TO STOMACH** PROGRESS TOWARD SYMMETRIC ROM IN ALL PLANES, ESP. **ER**
- ACTIVE SCAPULAR ELEVATION AND RETRACTION
- WAND IN SAFE, PAINFREE ROM-AS PER ABOVE GOALS

**ARTHROSCOPIC ANTERO-INFERIOR CAPSULAR SHIFT/CAPSULORRHAPHY/
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- 4-6/13 WEEKS:**
- ROM GUIDELINES (PROM/AAROM/AROM)
 - FORWARD FLEXION: 0-180 DEGREES
 - ABDUCTION: 0-180 DEGREES
 - EXTENSION: 0-30 DEGREES
 - IR: 0-30
 - ER (W/ ARM AT SIDE): >45 DEGREES (APPROACHING FULL ROM)
 - CONTINUE MANUAL THERAPY AND MODALITIES

- 6-8/13 WEEKS:**
- REHAB SPECIFICATIONS: **(2-3X/WK)**
- CONTINUE AROM IN ALL PLANES **EXCEPT** COMBINED ABD/ER
 - CONTINUE TO AVOID ABD/ER (UNTIL WK 8/13)
- EXERCISES:
- ROM GUIDELINES:
 - WORK TOWARDS GAINING FULL ACTIVE AND PASSIVE ROM (WITH EXCEPTION NOTED ABOVE)
 - BEGIN AROM PRE'S WITH LIGHT WEIGHTS AND THERABAND AS TOLERATED AND CLEARED BY MD
 - JOBE'S ROTATOR CUFF ISOTONIC STRENGTHENING PROGRAM (flexion, abduction, empty-can/supraspinatus, external rotation, internal rotation)
 - BICEPS CURL, TRICEPS EXTENSION, ROWS
 - CONTINUE WAND EXERCISES

- 8-12/13 WEEKS:**
- REHAB SPECIFICATIONS: **(2-3X/WK)**
- MAY PERFORM ABD/ER COMBINED MOTION
 - FULL ACTIVE AND PASSIVE ROM SHOULD BE ACHIEVED
 - **NO** SIGNIFICANT WEIGHT TO BE CARRIED IN HAND WITH ARM DOWN AT SIDE (SHOULDER ADDUCTED AND ELBOW EXTENDED), i.e. dumbbell shrugs, carrying a heavy bucket
 - PROGRESS WITH STRENGTHENING AND FUNCTIONAL ACTIVITIES RELATED TO WORK/SPORT
- EXERCISES:
- AROM PRE'S – NO BEHIND NECK LAT PULLDOWNS, MILITARY PRESS, OR HEAVY SHRUGS
 - EMPHASIZE INTERNAL ROTATION STRENGTHENING
 - MEDICINE BALL PLYOMETRICS AS TOLERATED

**ARTHROSCOPIC ANTERO-INFERIOR CAPSULAR SHIFT/CAPSULORRHAPHY/
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12-16 WEEKS:

REHAB SPECIFICATIONS:

(2-3X/WK)

- PREPARE PATIENT FOR DISCHARGE THROUGH COORDINATION/COMMUNICATION WITH WORK HARDENING OR SPORT-SPECIFIC TRAINING (consult with athletic trainer, etc)
- PATIENT SHOULD HAVE A COMPREHENSIVE HOME EXERCISE PROGRAM FOR UE STRENGTHENING AND FLEXIBILITY
- MAY RETURN TO CAUTIONARY LIFTS (LAT PULLDOWNS, MILITARY PRESS, BENCH PRESS, SHRUGS, PEC FLY) AS CLEARED BY MD
- MAY BEGIN PROGRESSIVE THROWING PROGRAM AS CLEARED BY MD (as indicated for throwing athlete)

EXERCISES:

- CONTINUE WITH ACTIVITIES AS OUTLINED ABOVE WITH RETURN TO UNRESTRICTED ACTIVITY/DISCHARGE AS CLEARED BY MD

Signature: _____ Raphael S.F. Longobardi, M.D.

rev. 5/12