



ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD

Dr. Alexandria O. Starks, MD
Shoulder & Elbow Surgery

REHABILITATION PROTOCOL: Anterior Capsulolabral Reconstruction (Arthroscopic)

Phase I: Protect repair (0 to 6 weeks)

- May remove dressing and shower postop day # 3.
- Sutures are all underneath the skin and will dissolve on their own.
- 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:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Pendulum exercises
 - 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 & Protect Repair (6 to 12 weeks)

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

Phase III: 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.



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