

# Arthroscopic or Open Shoulder Capsulorrhaphy / Bankart Repair / SLAP Repair

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Unless otherwise specified, wait until the 2 week post op visit with MD prior to beginning physical therapy.

## 0-2 weeks post op

Arm in sling/immobilizer for 2 weeks.  
Remove arm from sling twice a day to fully extend the elbow and perform gentle pendulum exercises.  
Work on hand grip and finger straightening.  
Modalities as needed

## 2 weeks post op

Cont. as above  
Wear sling/immobilizer during the daytime, keep arm close to body when out of sling  
Rotator cuff sub-maximal isometrics in immobilizer in flexion, extension, abduction, adduction, internal/external rotation  
Chin tucks  
Pendulum ex's with light weight  
PROM with ATC or PT no shoulder pulleys  
**Flexion 90°**  
**Abduction 90°**  
**Internal Rotation 30°** in scapular plane  
**External Rotation 30°** with arm at side  
**Extension neutral**  
Scapular ex's – **elevation** with shrugs, **depression, retraction, protraction** with manual resistance in these motions

## 4 weeks post op

Cont. as above  
D/C sling/immobilizer  
Advance IR to full and begin light T-band IR ex's with elbow at side  
“Sleeper stretch” of posterior capsule. (Side-lying on affected side with arm flexed to 90°. Use opposite arm to internally rotate affected arm.)  
PROM with shoulder pulleys or assisted ROM  
**Abduction, Flexion overhead as tolerated to full**  
**Extension 30°**  
**Internal Rotation 90°** with arm at side and abducted to 90°  
**External Rotation 30°** with arm at side and abducted to 90°  
Begin AAROM ex's standing or supine with wand  
Wall walks

## 6–12 weeks post op

Cont. as above

Advance ROM to full as tolerated, but **limit External Rotation to 45°** both with arm at side and abducted to 90° until 3 months post op. Strive for GH/SC movement of 2:1

UBE

Begin standing isotonic RC ex's advance the weight on all ex's to 6-8lbs

**Flexion to 90°** thumb pointing up (flex shoulder to full with weight when able)

**Abduction 90°** thumb pointing up (abduct shoulder to full with weight when able)

**Scaption to 90°** thumb pointing up, elevate arm in plane of scapula, (empty can position)

**Scaption to 60°** thumb pointing down, same position as above but stop at 60° of abduction

**Standing IR/ER** with tubing with arm abducted 20-30° with pillow under arm

Scapular Stabilization ex's:

**Elevation** with shoulder *shrugs*

**Depression** with *seated press ups*, sitting with hands flat on the floor next to your hips, elbows locked raise your bottom off floor with movement from scapulas, use hand blocks for greater ROM when able

**Retraction** – *prone rows* in prone position arm at 90° elbow locked squeeze scapulas together while pulling heavy weight

**Protraction** – supine, *2" punch*, with arm flexed to 90° elbow locked with weight in hand push up from scapula using heaviest tolerable weight

Proprioception ex's – rhythmic stabilization, physioball balance ex's etc

PNF D1 and D2 patterns with 2-3lbs resistance max

8 weeks post op

Cont. as above

Cont. to advance ROM if needed

Cont. with standing Rotator Cuff ex's till 6-8lbs reached and motion is full, then begin Core Rotator Cuff ex's

Begin *Core Rotator Cuff Ex's* – advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps

**Prone flexion with thumb up** – arm perpendicular to floor in prone and flex forwards fully, 12 O'clock position

**Prone Abduction 100° with thumb up** – arm perpendicular to floor in prone and horizontally abduct to level of body in scapular plane, 2 O'clock position for right handed patient (10 O'clock for left handed)

**Prone Abduction 45° with thumb up** – arm perpendicular to floor in prone and horizontally abduct arm to level of body, 4 O'clock position for right handed patient (8 O'clock for left handed)

**Prone Extension with arm in max ER** – arm perpendicular to floor in prone and arm extended to level of body, 6 O'clock position

**Sidelying ER** with hand weights with arm abducted 20-30°

Cont. with ex's in **Scaption**

Begin isokinetic ex's with 60° block – 180, 150, 120, 90, 60°/sec, 15 reps each speed up and down spectrum in modified neutral position or 30-45° abduction also in scapular plane

10 weeks post op

Cont. as above

Begin *Core Rotator Cuff Ex's* as above if not already done so

Advance Rotator cuff strengthening to 8-10lbs on all motions

Add manual resistance as tolerated to PNF patterns

Advance proprioception ex's as tolerated

12 weeks post op

Cont. as above

Add Eccentric ex's to posterior cuff with T-band in standing simulating follow through in throwing or sidelying ER

Full ROM isokinetics

Full A/PROM in all direction with normal ratio of movement between GH joint and SC joint

May begin conventional weight lifting using machines and progressing to free weights if desired as tolerated

14 weeks post op

Cont. as above

Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through

Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed up and down spectrum

16-24 weeks post op

Throwers only: Isokinetic testing – see below, if patient passes then begin interval throwing program and refer back to doctor

Throwers must pass strength test to begin throwing

Retest monthly till strength test passed

Continue with maintenance strengthening

## Return to Sport/Activity

Doctor Ok

Pass strength test

Throwers complete throwing program

No pain with all desired level of activities

5 months minimum for return to contact sports

## Isokinetic Testing Protocol for Shoulders

Testing position for non-throwers: Internal/External Rotation

Shoulder is in scapular plane @ 30° abd, 30° forward flexion, 30° dynamometer tilt

Patient is standing

Test uninvolved first

3 submax reps and 3 max reps for warm up

6 reps at 60°/sec and 12 reps at 300°/sec for test speeds

Allow for at least one minute of rest between test speeds

Testing position for throwers:

Shoulder is in scapular plane @ 90° abd, 30° forward flexion, dynamometer tilt 0° and Rotated 90°

Patient is seated

3 submax and 3 max reps for warm up

Test uninvolved first

6 reps at 60°/sec 12 reps at 300°/sec for test speeds

Allow for at least one minute of rest between test speeds

Testing Data: scores equal to or greater than those below for successfully passing strength test

Non-throwers

ER/IR unilateral ratio	66%
ER bilateral ratio	80%
IR bilateral ratio	90%
ER peak torque/BW ratio	15%
IR peak torque/BW ratio	20%

Throwers

ER/IR unilateral ratio	70%
ER bilateral ratio	98%
IR bilateral ratio	105%
ER peak torque/BW ratio	18%
IR peak torque/BW ratio	28%

