



## INFERIOR CAPSULAR SHIFT PROTOCOL

### Post-op

#### 0-4 Weeks

**Immobilization with sling on at all times, except distal arm ROM and bathing**

1. Elbow, wrist, and hand AROM 4x/day minimum
2. Cryocuff/ice for pain

#### 4-6 weeks

**Decrease use of sling during the day except in uncontrolled situations. Strict ROM limits to: 120 flexion, 90 abduction, 30 external rotations.**

1. PROM, AAROM (wand, pulley), and AROM within pain tolerance and limits
2. Supervised UBE within shoulder AROM within pain tolerance and limits
3. Manual resistance for scapular motions
4. Gentle soft tissue and joint mobilization
5. Modalities as indicated for pain or inflammation

#### 6-12 Weeks

**Discontinue sling at night**

1. Progress AAROM and AROM as tolerated
2. Joint mobilization of scapula (gentle glenohumeral as indicated)
3. Strengthening exercises for scapula stabilizers and rotator cuff within pain free ranges May include PRE's, PNF, and weight equipment Emphasis of strengthening on high reps and low weight, with postural awareness
4. Progress toward independent strengthening program. Reinforce postural awareness, quality of exercise technique, and proper PRE progression.

**Goal: AROM > 90 percent of normal range for the involved shoulder by 12 weeks**

#### 6 Months

**Begin functional throwing program**

1. Continue with independent program-strength, stretch, and sports specific drills.



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**9 Months**

**Possible return to full strength throwing and contact sports  
depending on strength and physician assessment**