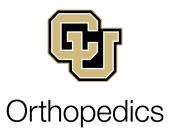
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Rehabilitation Protocol

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.