

# CAPSULORRAPHY

## **General Considerations:**

- Immobilization: 3-6 weeks in internal rotation (complete immobilization 3-6 weeks for thermal capsulorrhaphy)
- Procedure indicated for **Recurrent Shoulder Instability**

## **Phase I (0-6 weeks)**

- Avoid external rotation with abduction
- Begin hand gripping exercises
- Begin PROM exercises for shoulder (pulley, pendulum) and AROM for elbow and cervical spine
- Anterior glide is contraindicated, so utilize grade II distraction to aid in recovery of external rotation; maintain joint play by grade II distraction or gentle grade II oscillations with arm in resting position at side
- Begin with muscle setting for the rotator cuff (scapular squeezes/depressions), biceps and pectoral muscles
- Begin with isometrics → progress to AAROM by 4 weeks → isometrics limiting ER to 50 degrees
- By 6 weeks, able to perform all shoulder motions except 90 degrees abduction with ER
- Proceed much more cautiously with thermal capsulorrhaphy to ensure integrity of sutures
- Ice!

## **Phase II (6-12 weeks)**

- Full AROM should be achieved by 8 weeks
- Stretch posterior structures with horizontal abduction
- Strengthening of dynamic stabilizers of the glenohumeral joint and scapula (rotator cuff, trapezius, serratus anterior, rhomboids)
- More aggressive stretching and joint mobilizations if joint limitations persist into 10<sup>th</sup> week
- Progressive AROM for overhead throwing may begin

## **Phase III (12-16 weeks)**

- Progress dynamic strengthening activities and functional activities
- Patient learns signs of fatigue and impingement and stays within tolerance of tissues
- Begin theraband throwing exercises → progress to plyometric throwing activities
- Begin interval throwing program → return to sports by 6 months
- Return to full function as limited by surgical procedure
- Discharge with maintenance program

## **Functional Outcomes:**

- Complete return to functional ROM except when limitations are intentionally imposed by procedure
- Strength should return to normal
- Return to athletics usually around 6 months – patient must have normal ROM without pain and normal shoulder strength