



Xinning Li, M.D.



**Assistant Professor
Sports Medicine and Shoulder Surgery
Boston University School of Medicine – Boston Medical Center
Boston University Athletics – Team Physician
725 Albany Street – 4th Floor
Boston, MA 02118
(617) 638-5633 (Telephone – Shapiro Office)
(617) 638-3400 (Telephone – Ryan Center)
(617) 414-5226 (Fax)**

Patient Name:

Date:

Date of surgery:

Visit per week:

PHYSICAL THERAPY PRESCRIPTION:

**RIGHT or LEFT SHOULDER ARTHROSCOPY WITH ANTERIOR CAPSULAR
SHIFT AND LABRAL REPAIR**

Weeks 0-4: Post Operative Phase (HEP)

Sling Immobilizer: At all times except for showering and exercise

Exercises: NO shoulder ROM
AROM wrist/elbow
Scapular “pinches”

Weeks 4-6: Phase I (HEP)

Sling Immobilizer: At all times except for showering and exercise

Exercises: Passive supine ER to neutral and extension to neutral
Passive supine FF in scapular plane to 90 (pendulums)
AROM wrist/elbow
Scapular “pinches”
Pain free submaximal deltoid isometrics

Weeks 6-10: Phase II (start with physical therapist)

Sling Immobilizer: At all times except for showering and exercise
Discontinue at week 8

Exercises: Passive & Active assisted FF in scapular plane – no limits (wand exercises, pulleys)
Passive & Active assisted ER – no limits (go SLOW with ER)
Manual scapular side-lying stabilization exercises
IR/ER submaximal, pain free isometrics
Modalities as needed

Advancement Criteria: FF to 160

ER to 40
Normal scapulohumeral rhythm
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR – no limits
IR/ER/FF isotonic strengthening
Scapular and latissimus strengthening
Humeral head stabilization exercises
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninvolved side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin Throwing program

- 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
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
 - Emphasize posterior capsule stretching

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side
Independent, ROM should be similar to the uninvolved side
Independent, pain-free sport or activity specific program

* Please Send Progress Notes *

Signature: _____

Xinning Li, M.D.
Assistant Professor
Boston University School of Medicine
www.xinningli.com