



# Multi-Directional Instability

*(Post-Operative Capsular Shift Protocol)*

## General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

## PHASE I: (Immediate Post-Op)

### Week 1 - 6

#### Orthotics-

1. Use of sling, worn at all times except for exercise

#### Modalities (PRN)-

1. Cryotherapy for pain and inflammation
2. Electrical Stimulation
3. Pulsed low-frequency ultrasound for pain and inflammation

#### ROM-

1. Active hand, wrist, forearm, and elbow to full
2. Passive shoulder ROM only:  
Progress SLOWLY to 90° of flexion, 90° abduction, and 30° External Rotation by Week 7.  
Internal Rotation ROM as tolerated  
All IR/ER passive stretching at 0-30° abduction

#### Exercises-

1. Hand Grip strengthening
2. Wrist / Elbow Isometrics (Sub-maximal, Sub-painful)
3. Passive pendulum / Codman's
4. Shoulder Isometrics (Sub-maximal, Sub-painful)

### Week 7 – 12

#### Orthotics-

1. Gradually discontinue use of arm sling as tolerated

#### Modalities (PRN)-

1. Continue Phase 1 modalities as needed

#### ROM-

1. Progress SLOWLY with goal of full ROM by the end of Week 12
2. May begin Active and AAROM as tolerated in all planes
3. IR and ER stretching and exercises at 0-60° abduction only

#### Exercises-

1. Resisted / isotonic strengthening for wrist, forearm, elbow
2. Initiate resisted scapulo-thoracic strengthening
3. May begin overhead pulleys (Passive only)
4. May start light shoulder and rotator cuff isotonic (within ROM restrictions)



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5. Upper Extremity Bike – begin with no/low resistance and progress as tolerated

### **PHASE II: (Strengthening)**

#### **Week 13 – 16**

##### Modalities (PRN)-

1. Continue Phase 1 modalities as needed

##### ROM-

1. Begin IR / ER stretching and exercises at 90° abduction
2. Active Assistive and Active ROM progressing to full
3. Maintain full Passive ROM

##### Exercises-

1. Isotonic / resisted strengthening of RTC and shoulder musculature through full ROM
2. May progress to Body Blade / rhythmic stabilization exercises
3. Be sure to watch control and scapular substitution

#### **Week 17 – 19**

##### Exercises-

1. May progress to light isotonic RTC strengthening at 90/90
2. Progress to aggressive total arm strengthening  
Including free weight and weight machines
3. Initiate low level plyometrics  
Begin with 2-handed, below chest level  
Progress to overhead and finally 1-handed drills
4. Isokinetics (IR/ER at 300-360 degrees/second)

### **PHASE III: (Advanced Strengthening)**

#### **Week 19+**

##### Modalities (PRN)-

1. Continue modalities as needed

##### ROM-

1. Maintain full non-painful Active ROM

##### Exercises-

1. Isokinetics (IR/ER at 240-300 degrees/second)
2. Initiation of light sports activity  
See Interval Golf, Interval Racquet, and Interval Throwing programs
3. Isokinetic Test at 240, 270, and 300 degrees/second for MD review for full release to sport activity