

ORTHOARIZONA

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Neer Capsular Shift Protocol (Anterior-Inferior)

The Anterior-Inferior Neer Capsular Shift is a procedure done for anterior/inferior instability. The procedure is done through an anterior approach. The subscapularis is taken off the humeral insertion. The anterior capsule is then incised in horizontal fashion. This creates two flaps of ligamentous tissue. The inferior flap, after mobilization, is transferred superior lateral and the superior flap is transferred inferiorly. The horizontal component is closed in overlapping fashion. The subscapularis is then reattached to the stump of tendon left at dissection. The delto-pectoral interval is approximated and the skin is closed over a drain.

Recommendations:

- Wear sling for 4 weeks
- No driving until patient has painless, functional ROM (must be out of sling)
- Ice 3-4 times per day as needed for 1st week then as needed thereafter
- **PROM Limits: Forward elevation to 90° and abduction to 45° for 6 weeks. External rotation (in 0° abduction) to neutral for 4 weeks and to 20° by 6 weeks.**
- Return to work and sport to be determined on an individual basis by the physician

Post-op Protocol:

0 - 4 Weeks:

- Instruct family member in proper PROM techniques and ROM limitations (if any). *Have them perform a supervised demonstration.*
 - Educate on importance of proper posture sitting and standing
1. Easy PROM within limitations: Forward elevation to 90°, abduction to 45° and external rotation at 0°
abduction limited to neutral
 2. Soft tissue massage once portals heal
 3. Progress to wand exercises for external rotation (arm at side) to neutral
 4. Shoulder shrugs in supine
 5. AROM of all UE joints distal to shoulder with elbow supported
 6. Mass grip exercises with tennis ball or therapy putty
 7. Begin submax isometrics in all planes (no forward elevation or internal rotation isometrics x 4 weeks).

4 - 6 Weeks:

- Wean from sling (daytime) **in a controlled environment** after 4 weeks. Sleep in sling for 6 weeks. Discontinue sling completely by 6 weeks.

- Begin AAROM
1. Passive external rotation at 0° abduction to 20°
 2. Easy AAROM within ROM limits beginning in supine (i.e. Wand exercise for forward elevation only while supine.)

6 - 8 Weeks:

- Begin AROM within pain-free ROM
1. Begin to push PROM & AAROM
 2. Pulley for abduction and forward elevation
 3. UBE (no shoulder distraction)
 4. Row machine (vertical grip and no shoulder distraction)
 5. AROM with emphasis on rotator cuff exercises, without resistance, including sidelying external rotation & standing forward elevation <90°. Progress to prone horizontal abduction (thumbs up) at 100°, prone external rotation in 90/90 position, and prone extension, all within pain-free ROM
 6. Progress to theraband for internal and external rotation at neutral

8 - 12 Weeks:

- Begin RROM within pain-free ROM
 - Gradual progression of functional activities if ROM and strength allow proper mechanics of the shoulder complex
 - PROM within end range limits by 12 weeks
1. Progress to PRE's as appropriate
 2. Begin gentle CKC exercises
 3. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.

12 – 16 Weeks:

- Equal strength, bilaterally, by 16 weeks
 - Emphasize concepts of frequency, duration and intensity of training
1. Progress CKC exercises to include seated press-ups, step-ups, BAPS board, treadmill and push-ups with a plus (wall to floor progression).
 2. Begin endurance training with emphasis on upper extremity activities (e.g. UBE)
 3. Begin multi-speed isokinetics as appropriate.
 4. Begin limited sport-specific activities

16+ Weeks:

1. Progress sport-specific activities including interval throwing and swinging programs. Return to sports to be determined by MD (usually 6+ months dependin