OrthoCarolina
EXCELLENCE IN ORTHOPEDICS

Posterior Capsule Plication

A Posterior Capsule Plication is performed for mild posterior instability. Several small sutures are placed arthroscopically to "crimp" the posterior capsule. Post-operative care should focus on avoiding internal rotation and horizontal adduction.

Recommendations:

- Wear sling with wedge positioned along distal forearm/wrist until 4 weeks post-op to prevent significant IR.
- 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°, abduction to 45°, IR (in 0° abduction) to 30°, no horizontal adduction and external rotation to tolerance for 4 weeks.**
- Return to work and sport to be determined on an individual basis by the physician

Post-op Protocol:

0 - 4 Weeks:

- Wean from sling (daytime) **in a controlled environment** after 2-3 weeks. Sleep in sling for 4 weeks. Discontinue sling completely by 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
2. Soft tissue massage once portals heal
3. Progress to wand exercises for external rotation (arm at side) to tolerance
4. Shoulder shrugs in supine
5. AROM of all UE joints distal to shoulder with elbow supported

Developed in conjunction with the physicians at OrthoCarolina

6. Mass grip exercises with tennis ball or theraputty

7. Begin submax isometrics in all planes except extension secondary to the detachment of the posterior

deltoid.

4 - 6 Weeks:

- Begin AAROM progressing to AROM

1. PROM to tolerance avoiding aggressive IR and horizontal adduction.

2. Easy AAROM progressing to AROM as muscle control allows within ROM limits beginning in supine

(i.e. Wand exercise for forward elevation only while supine).

3. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression.

4. UBE (no shoulder distraction)

6 - 8 Weeks:

- PROM to tolerance
- AROM within pain-free ROM

1. Begin to push PROM

2. Pulley for forward elevation and abduction

3. Row machine (vertical grip and no shoulder distraction)

4. AROM with emphasis on rotator cuff exercises, without resistance, including side lying 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

5. Progress to theraband for internal and external rotation in 0° abduction.

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
- Begin stretching into horizontal adduction and IR^{90}. Should be within end range limits by 12 weeks

1. Progress to PRE's as appropriate
2. Begin gentle CKC exercises in a slightly horizontally abducted plane to avoid straight posteriorly directed forces.
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.
2. Return to sports to be determined by MD (usually 6+ months depending upon sport and position).