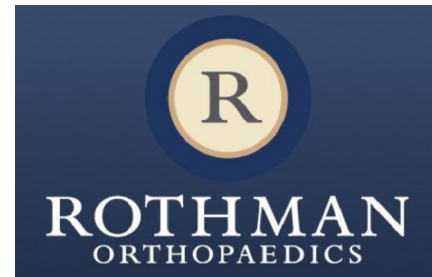


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Multidirectional Instability Capsular Physical Therapy Protocol

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT Capsular Shift

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 0-6:

Slingshot / Gunslinger Brace for 6 weeks
Isometrics in brace, gentle supported Codman exercises
PROM only for 6 weeks
Grip strengthening, elbow ROM, wrist ROM

_____ Weeks 6-12:

Sling at night, can discontinue using the sling during the day
AROM only as tolerated to increase ROM; no PT stretching or manipulation
Restrict to 140°FF/ 40°ER at side/ IR to stomach 45°Abduction
Scapular stabilization exercises avoiding anterior capsule stress
Begin light isometrics for rotator cuff and deltoid, with arm at the side
Can begin stationary bike

_____ Months 3-12:

Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per exercise for rotator cuff, deltoid, and scapular stabilizers
Only do strengthening 3x/week to avoid rotator cuff tendonitis
If ROM lacking, increase to full with gentle passive stretching at end ranges
Begin eccentric motions, plyometrics (ex. Weighted ball toss), and closed chain exercises at 16 weeks
Begin sports related rehab at 4 months, including advanced conditioning
Return to throwing at 6 months
Throw from pitcher's mound at 9 months
No collision sports allowed
MMI is usually at 12 months

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ Heat before
___ Ice after ___ Trigger points massage ___ TENS ___ Therapist's discretion

Signature _____ Date _____