

Multidirectional Instability / Capsular Plication Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Weeks 0-6:

- Slingshot / Gunslinger Brace for 6 weeks
- Isometrics in brace
- Avoid pendulums
- Begin PROM at 3 weeks
 - Restrict to 120° forward elevation, 30° ER at side, IR to stomach, 30° abduction (without rotation)
- Grip strengthening, elbow AROM, wrist/hand AROM

PHASE 2: 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
- Periscapular stabilization exercises avoiding anterior capsule stress
- Begin light isometrics for rotator cuff and deltoid, with arm at the side
- Can begin stationary bike

PHASE 3: 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 periscapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Advance AROM to full as tolerated. 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 ½ 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

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____