Capsular Plication for MDI

J. Chad Joyce, PT Updated: April, 2014

A. 0-2 weeks post-op
   1. Abduction Sling
   2. Frequent cryotherapy and modalities as indicated
   3. PROM phase with restrictions
   4. ROM Restrictions (physician may change)
      ER: 45°
      Abd: 90°
      Flex: 120°
      IR: Do not stretch beyond position of sling

B. 2-4 weeks post-op
   1. Abduction Sling
   2. Cryotherapy and modalities as indicated
   3. AAROM phase with restrictions
      ER: 60°
      Abd: 120°
      Flex: To tolerance
      IR: Do not stretch beyond position of sling

C. 4-6 weeks post-op
   1. Wean from sling unless directed earlier by physician
   2. Cryotherapy and modalities as indicated
   3. Exercise:
      a. AROM work
      b. Light but progressive strength work
   4. ROM now to tolerance in all planes unless otherwise directed by physician. Continue with no IR or posterior cuff stretching

D. 6-12 weeks post-op
   1. Continue ROM work as needed
   2. Progressive, comprehensive UE strength and stabilization program following MDI instability precautions

E. 12 weeks post-op
   1. Progressive OKC and CKC exercise
   2. Progressive UE plyometrics and high speed proprioceptive work
   3. May start posterior cuff/capsule stretch if needed

F. 16 weeks post-op
   1 Sport specific activities and interval programs
   2. Physician cleared