

Arthroscopic capsular release /MUA

Rehabilitation Protocol

Paul B. Roache MD



(No Phase I) Phase II: Home Exercise program Immediate post-op phase (day 1-10days after surgery)

PT will start 1-2 days after surgery. 2-3x's a week if patient is progressing and Tolerated. If too much discomfort reduce frequency to 1-2x a week.

Goals:

1. Protect the surgical site
2. Ensure wound healing
3. Diminish pain and inflammation
4. Capture motion restored at surgery

Precautions:

- No supporting of body weight by hands(pushing up from bed or chair)
- No active Biceps contraction beyond 2-5 lbs (often Biceps tenotomy performed With the cap release)

Activities:

1. Sling: Use your sling for 24-48 hours. Then Sling is used PRN. recommend to sleep with sling and pillow in place until pain free ROM restored
2. Use of the affected arm: as tolerated
3. Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.
4. Home exercise program from day 2 to 14 is Pendulum, Table stretch, Pulley and Shoulder wand.
5. okay to drive at this point if not on narcotics and sleeping ok
6. You can actively use of your arm for daily living: bathing, dressing, typing on a computer,eating and drinking.

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Pendulum exercise-modified

Remove your sling, bend over at the waist and let the arm hang down. Without using your body initiate movement, swing the arm gently forward and backward and in a circular motion. Using a small circle the size of a small dinner plate.

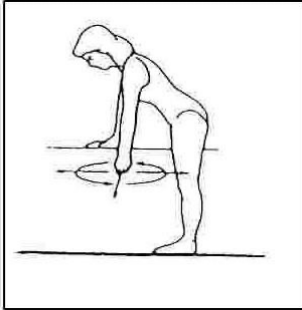


Table Stretch (not table Slide)

Hands wider than shoulder width, gently push palms down on table and lean forward. You may need to slide the chair back to give you room to stretch. Hold for 90 to 120 secs. Should have stretch discomfort & only a little pain.



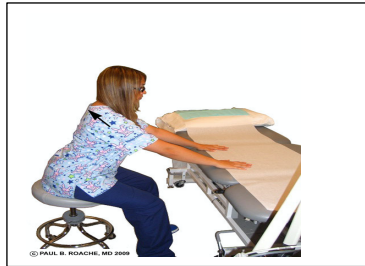
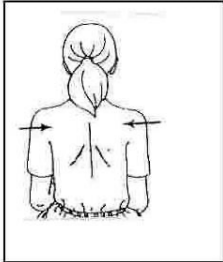
Shoulder blade pinches and Shoulder Shrugs

While standing, pinch shoulder blades backward and together. Can also be done with hands on table before table stretch . In same position Raise Shoulder blades to Ears Shrugging Shoulders

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Continue Home exercise program. Work the Forward flexion and rotation planes.

Home exercise program (at least 3 x's a day, no more than 5 x's a day)

Exercises with equipment

1. Pendulum exercises (small circles)	1-2 sets	2 mins
2. Table Stretch in forward flexion	1 set	2 min stretch
3. Pulley forward flexion	1-2 sets	10-20 reps
4. Supine passive arm forward elevation	1-2 sets	5-10 reps
5. Supine or standing external rotation	1-2 sets	10-15 reps
With shoulder wand		
6. Scapular retraction	1-2 sets	5-10 reps
7. Shoulder shrug	1-2 sets	10-15 reps

Pulley passive forward flexion

Seated in a chair with your back against the door and the pulley overhead
Use the the unaffected arm to pull down on the handle and passive elevate
The affected arm overhead. In the beginning start with the affected are bent
At the elbow to make it easier.



ShoulderEc



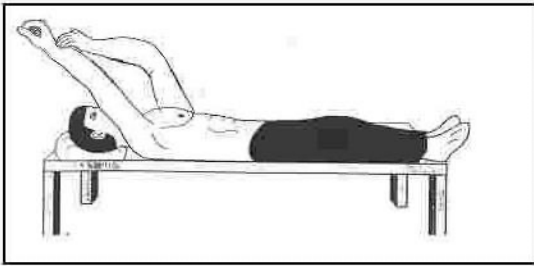
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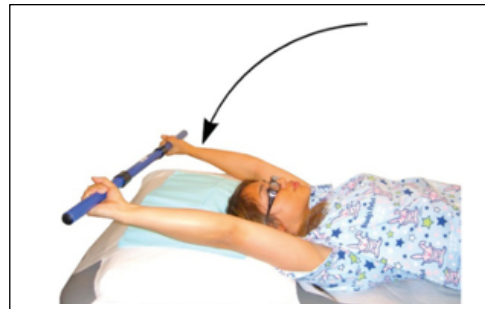
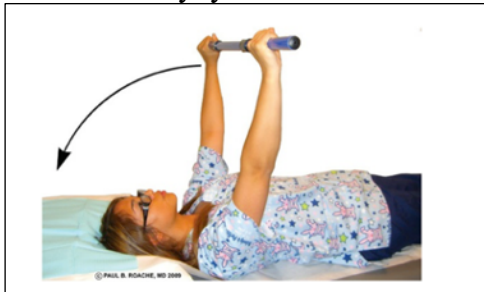
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Supine passive forward elevation

Lie on your back. Hold the affected arm at the elbow with the opposite hand. Assisting with the opposite arm, lift the operated arm upward, as if to bring the arm overhead. Slowly lower the arm back to the bed.

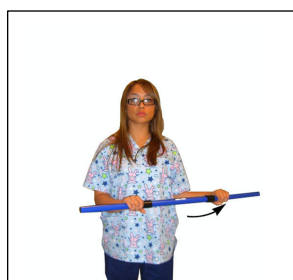


Alternatively you can use the shoulder wand to perform as well.

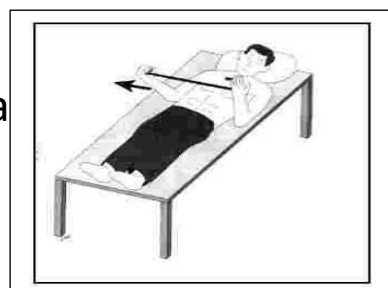


Supine (or standing) external rotation

Lie on your back or stand with back against the wall. Keep the elbow of the operated arm against your side with the elbow bent 90 degrees. Using a cane or a long stick in the opposite hand, push against the hand of the operated arm so that the operated arm rotates outward. Hold for 10 seconds, relax and repeat. The amount of allowed external rotation will be specified after surgery.



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Phase II: PT motion recovery assist (day 1-2 postop for up to 12-14 weeks)

PT should not hurt severely. Do not force painful motions.

Goals:

1. Restore non-painful range of motion (ROM)
2. Retard muscular atrophy
3. Decrease pain/inflammation
4. Improve postural awareness
5. Independent with activities of daily living (ADLs)
6. Prevent muscular inhibition
7. Wean from sling at home if not already discontinued.

Precautions:

- No lifting of objects over 5-10 lbs.
- No supporting of body weight by hands(pushing up from bed or chair)
- Do not use the sling except if occasionally you need to rest the arm.
- No biceps contraction beyond 2-5lbs(if biceps tenotomy performed)

Activities:

1. Sling: You should now have weaned out of using your sling. It is a good idea, however, to continue to use your sling when you are away from your house to “send a signal” that others should not hit your shoulder.
2. Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day as needed for discomfort.
3. Unless instructed otherwise it should be okay to drive at this point.
4. You can actively use of your arm for daily living: bathing, dressing, driving typing on a computer, eating and drinking.
5. lifting OK 2-5 lbs, limit biceps contraction if tenotomy performed and cramping present.

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6. No pushing up from bed or chair or pulling heavy doors or hand rails.

Range of Motion:

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)
- AROM
- Internal rotation to the back recovery
- Pulley motion recover exercises
- shoulder wand exercises
- Table stretch

Strengthening:

- Isometrics: scapular musculature, deltoid, cuff strengthening ok

Manual treatment:

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Phase III: Active strengthening phase (3-4 weeks and beyond)

Goals:

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare patient/athlete to begin to throw, and perform similar overhead activities or other sport specific activities
- Prepare worker to return to work functions

Precautions:

If biceps tenotomy progress biceps lifting as allowed

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Criteria for progression to this phase:

- Full painless ROM
- No or low pain or minimal tenderness on examination

Once patient has pain free(or very little pain) full ROM and no tenderness, may progress to the following:

Strengthening exercises:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF

- Initiate upper extremity endurance exercises

Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation

(slow/fast sets)

- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)
- Diagonal patterns

Phase IV:Return to work/Sport 10-12 weeks and beyond:

Goals:

- Improve strength, power, and endurance
- patient/athlete to begin to throw, and perform similar overhead activities or other sport specific activities
- worker to return to work functions

Precautions:

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None

Strengthening exercises:

Continue Rotator cuff specific exercises

Advance as tolerated in gym exercises