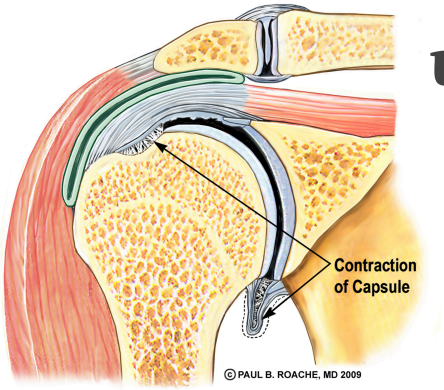
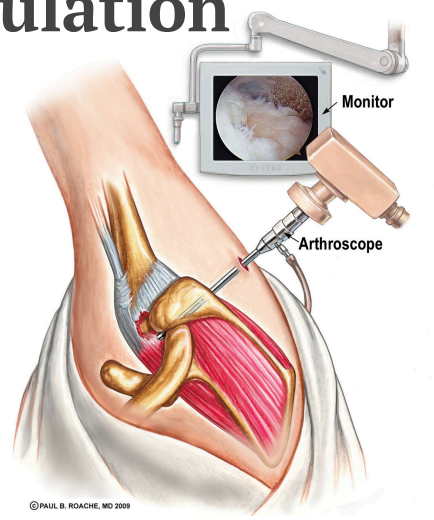
Capsular Release / Manipulation under Anesthesia



ADHESIVE CAPSULITIS

Rehabilitation Protocol
Paul B. Roache MD



Phase I: Home Exercise Program – immediate post-op phase

- Days **2 - 14** after surgery

GOALS:	**PRECAUTION:**
1. Capture motion restored at surgery 2. Protect the surgical site 3. Ensure wound healing 4. Diminish pain and inflammation	1. Do NOT lift objects more than 2 lbs. 2. Do NOT activate biceps contraction beyond 2-5 lbs 3. Do NOT use hands to support body weight (Ex. pushing up from chair/bed) 4. Do NOT actively elevate the shoulder/arm

SLING: Use your sling for 1-2 days after surgery, then as needed for comfort.

1. You will remove sling 4-5 times a day to do home exercises
2. You will wear sling to sleep to help with comfort and protect shoulder

ICE: Use ice machine 20 minutes on, 20 minutes off, repeat.

ACTIVITIES**:** You may use the hand of the surgery arm in front of your body at waist level. You can bend your elbow and move your wrist to help movement and circulation

1. Home exercise program (HEP) starts day 2: ***pendulum, table stretch, pulley and shoulder wand, scapula, elbow, and wrist exercises***
2. You can drive if sleeping well and NOT taking narcotics

Phase II: DAY 2 - 14 WEEKS postop

- **PHYSICAL THERAPY** will typically start **THE DAY AFTER SURGERY**.

  PT SHOULD NOT HURT. Do not force excessively painful motions
- Stop sling use if not already discontinued.
- Continue icing on a regular basis

Goals

1. Restore non-painful range of motion
2. Slow down muscle atrophy
3. Decrease pain and inflammation
4. Improve postural awareness
5. Independent with activities of daily living
6. Stop sling use if not already discontinued

PRECAUTION:

- No lifting over 5-10 lbs
- OK to lift 2-5 lbs, but limit biceps contraction beyond 2-5 lb if tenotomy performed or cramping present, or supporting body weight.

STRENGTHENING

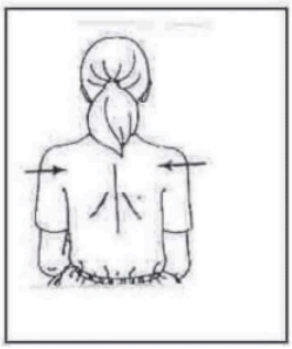
- Isometrics: scapular musculature, deltoid, rotator cuff strengthening OK.

Pendulum Exercise

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

Scapula Retraction/Pinches and Shoulder Shrugs

While standing, pinch shoulder blades backward and together. In same position, raise shoulder blades to ears for shrugging shoulders.

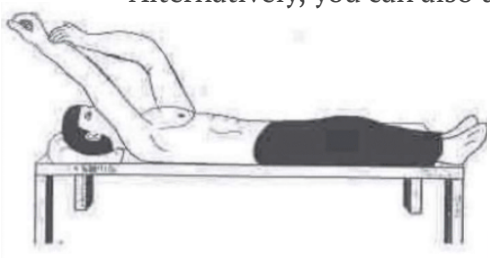


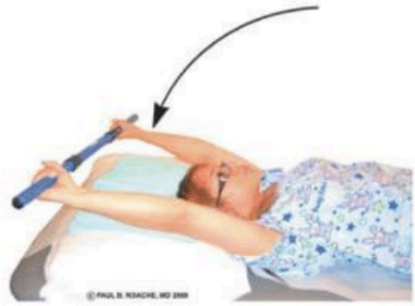
Pulley Passive Forward Flexion

Sit in a chair with your back against the door with the pulley overhead. Use the unaffected arm to pull down the handle and passively lift the affected arm overhead. It will be easier to start with the affected arm bent at the elbow, then transition to straightened out.

Supine Passive Forward Flexion

Lie on your back. Hold the affected arm at the elbow with the opposite hand and assist lifting the operated arm upward towards overhead. Slowly lower the arm back to the bed. Alternatively, you can also use the shoulder wand as well.

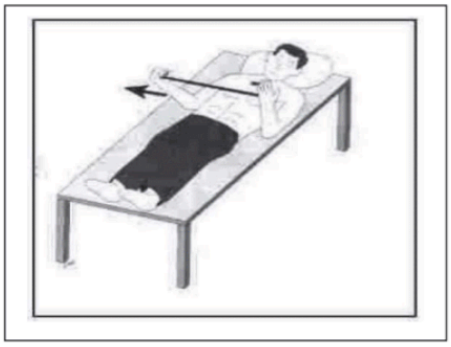




Supine / Standing External Rotation

Lie on your back or stand with your back against the well. Keep elbow of the operated arm at your side and bent 90 degrees holding the wand. Using the wand in the opposite hand, push against the hand of the operated arm so it rotates outwards. Hold for 10 seconds, relax, and repeat.





Pendulum exercises	2 minutes	1-2 sets
Elbow and wrist stretches	5-10 reps	1-2 sets
Scapula retraction	5-10 reps	1-2 sets
Shoulder shrug	10-15 reps	1-2 sets
Table stretch in forward flexion*	2 minute stretch	1 set
Pulley forward flexion*	10-20 reps	1-2 sets
Supine wrist assisted forward flexion*	5-10 reps	1-2 sets
Supine or standing external rotation with wand*	10-15 reps	1-2 sets

<u>Phase III: Active strengthening (3+ weeks post-op)</u>

Goals:

1. Improve strength, power, and endurance
2. Improve neuromuscular control
3. Prepare patient to perform similar overhead work activities and usual work functions
4. Prepare athlete to begin to throw

Precautions: If biceps tenotomy, progress biceps lifting as allowed

Criteria for progression to this phase:

- Full painless ROM

- No/low pain or minimal tenderness on exam

ACTIVITIES:

Strengthening:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature– isometric, isotonic, proprioception neuromuscular facilitation (PNF)
- Strengthen scapulathoracic musculature– isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Exercises:

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

Slow/Fast Sets

- Theraband exercises for scapulothoracic musculature & biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises
- Diagonal patterns

Phase IV: Return to Work / Sport (12 weeks+)

Goals:

1. Improve strength, power, and endurance
2. Worker to return to daily work functions; athlete able to throw and/or perform similar overhead activities / specific sport activities

Precautions: None

ACTIVITIES:

1. Continue rotator cuff specific exercises
2. Advance as tolerated in gym exercises