



Arthroscopic Capsular Release for Frozen Shoulder

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

******Early post-operative therapy following a capsular release is important and needs emphasis. Physical therapy should start within 1-4 days following surgery and be performed 3-5 times per week initially******

******A home exercise stretching program should be performed frequently throughout the day (3-4 times day for 15-30 minute sessions) ******

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone an arthroscopic capsular release for a frozen shoulder or post-operative lysis of adhesions. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: None

Restrictions: Work on ROM within limits of "tolerable discomfort". No restrictions on ROM. No strengthening.

Exercises: Gripping exercises, elbow, wrist and finger ROM. Shoulder Passive, AAROM and AROM, with slow progressive stretching to "tolerable discomfort". Utilize modalities as needed. Instruct patient on HEP to perform 3-4 times daily for 15-30 minute sessions.



Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None

Restrictions: Advance ROM within limits of pain tolerance.

Exercises: Continue to focus on ROM exercises and HEP. At 4 weeks add isometric strengthening, initially with arms at side (IR, ER, scapular stabilization). Patient may advance to resistance strengthening with bands at 6 weeks post-operatively. Modalities used as needed. If increasing pain develops drop back to earlier stage of rehabilitation.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Continue with shoulder strengthening with advancement to exercises with arms away from body.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 12 weeks. Add plyometric training for athletes at 14 weeks. Add exercises simulating work requirements at 14 weeks. Consider work conditioning program at 20 weeks based on patient's job requirements and patient motivation.