

Shoulder Adhesive Capsulitis/Frozen Shoulder & Post-Op Arthroscopic Releases for Adhesive Capsulitis

Name: _____ Date: _____ DOS: _____

Rehabilitation Protocol 3X/WK X 6 WKS

GOALS

****n.b: Patient requires 30-45 min of one-on-one, stretching and manual joint mobilization each session until full PASSIVE ROM in all planes is achieved!!**

- Decrease pain via proper pain management techniques
- Increase A/PROM to normal full and symmetric Glenohumeral ROM
- Restore Scapulothoracic rhythm
- Good compliance to Home Exercise Program (HEP)
- Increase strength to 5/5 on mid range manual muscle testing
- Restore normal ADL function and movement patterns; progress to work and sport movement requirements.

HOME PROGRAM

- Codman's all planes
- Educate on avoiding impingement
- Supine flexion via wand, wall climb or pulley w/ emphasis on long duration and low intensity
- Supine abduction w/ wand to 90 degrees only progressing in pain free ROM and avoiding impingement
- Supine ER w/ shoulder at 0, 45 and 90 degrees of abduction using wand. Support humerus w/ pillow/rolled towel for neutral positioning
- Supine theraband stretches for ER & FF
- RTC/posterior capsule stretch (horizontal adduction) and towel stretch and progress as pain allows
- A/AA/PROM PNF patterns (D1F/E, D2F/E)
- Self-mobilization techniques
- Cervical ROM and Upper Trapezius stretch
- Scapular stabilization exercises
- Functional ADL activities as tolerated
- Posture education
- Discuss precautions w/ work/sport and criteria for progression
- Home E-Stim unit for Muscle re-education prn
- Home pulleys

CLINICAL INTERVENTION

Evaluation:

- Begin on FIRST POST OP DAY (POD#1)
- Appointments for 4x/week for first 4 weeks; 3x/week for non-operative management
- Remove dressing and assess site.
- Educate in home wound care
- Issue HEP
- Progress Note submitted w/ pt upon follow up visit to MD (usually every 4 wks)

Modalities:

- HP warm-up prior to exercise until DC
- E-Stim/US for pain management w/ CP prn
- E-Stim for Muscle re-ed

Therapeutic Exercise:

- Pulley, wall climb, wand: avoid impingement and hiking
- No UBE!
- Muscle strengthening via appropriate progression of MRE's, isometrics, light isticns (1-5 lbs, including T-Band) and machines all in **pain free ROM and only after improvement of ROM.**
- Scapular stabilization including scapular depression.
- **Precautions: avoid impingement, monitor and educate in proper movement patterns and technique at all times.**
- Discuss w/ MD need for further objective evaluation of mobility, strength and more aggressive POC, especially before return to work.
- Consider need for FCE/Work Conditioning and discuss w/MD

Manual Therapy:

Restore Glenohumeral arthrokinematics and osteokinematics via appropriate manual techniques for at least 30 minutes per session.

0-2/13 WEEKS:

REHAB SPECIFICATIONS:

(3 or 4x/wk)

PROM/AAROM/AROM IN ALL PLANES; PROGRESS AS TOLERATED

- POST –OP IMMOBILIZER BRACE FOR 2-3 WEEKS UNTIL SUFFICIENTLY MOBILE TO KEEP OUT OF EXTREME IR
- INSTRUCTION OF PROPER HOME ROM FUNCTION

EXERCISES:

- WAND
- PENDULUMS/CODMAN'S
- ELBOW/WRIST/HAND ROM/GRIP STRENGTHENING
- HOME PULLEY – PLS INSTRUCT ON USE

- CONTINUE WITH PROGRESSION AS TOLERATED
- BEGIN ROTATOR CUFF STRENGTHENING WITH ISOMETRICS
- PROGRESS INTO AROM PRE'S WITH LIGHT WEIGHT/RESISTANCE
- CONTINUE AQUATICS W/EMPHASIS ON STRENGTHENING

6-8/13 WEEKS: REHAB SPECIFICATIONS: (2-3x/wk)

- GOAL: FULL ROM REACHED IN ALL PLANES
- MONITOR/EDUCATE PROPER MECHANICS

- AVOID HIKING
- AVOID IMPINGEMENT
- ENCOURAGE SCAPULAR DEPRESSION

EXERCISES:

- CONTINUE WITH PROGRESSION AS TOLERATED

8-13/13 WEEKS: REHAB SPECIFICATIONS: (2-3x/wk)

- UNRESTRICTED STRENGTHENING AND PROGRESS TOWARD MORE FUNCTIONAL, SPORTS, RECREATIONAL, OR WORK-RELATED ACTIVITIES
- EDUCATE PROPER MECHANICS

EXERCISES:

- UE AND LE WORKOUT
- PROGRESSIVE THERABAND FOR ROTATOR CUFF
- PROGRESS ALL PRE'S
- BEGIN FUNCTIONAL STRENGTHENING: EMPHASIZE SCAPULA MUSCLES/LATS/BICEPS/TRICEPS

13-16 WEEKS: REHAB SPECIFICATIONS: (1-2x/wk)

- PREPARE PATIENT FOR DISCHARGE THROUGH RELATIONSHIP WITH WORK-HARDENING/FCE, ATHLETIC TRAINER, STRENGTH SPECIALIST, ETC.
- PATIENT SHOULD HAVE A GOOD, COMPREHENSIVE HOME PROGRAM WITH EMPHASIS ON PROPER TECHNIQUE

EXERCISES:

- CONTINUE GENERAL STRENGTHENING
- PROGRAM IN CLINIC AND @ HOME

- PROGRESS TO PLYOMETRICS/ECCENTRICS/DYNAMIC STRENGTHENING AS TOLERATED

Signature: _____

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