

The Shoulder Center, PC

ARTHROSCOPIC CAPSULAR RELEASE PROTOCOL

BACKGROUND/RATIONALE: The defining characteristic of a stiff shoulder is limitation of both active and passive motion of the glenohumeral joint. While, the term *frozen shoulder* is most often used to describe a stiff shoulder without a known cause, many known factors can contribute to a higher risk of developing a secondary *frozen shoulder*:

- Diabetes
- Thyroid Disorder
- Trauma/Fracture
- Immobilization
- Parkinson's
- Cardiac Disease
- Shoulder Surgery
- Arthritis
- Rotator Cuff Tear/Tendinosis
- Cervical Radiculopathy
- Peripheral Neuropathy
- Hypoadrenalism
- Stroke
- Calcific Tendinosis
- AC Arthritis
- Pulmonary Disease
- Corticotropin deficiency
- Fibromatosis
- Breast Surgery
- Myofascial Pain Syndrome
- Hyperlipidemia

The primary goals of treatment are pain relief and a gentle progressive program to restore motion and function. Prior to initiating surgical intervention, an extended course of rehabilitation is recommended.

Along with supervised therapy, patients should be educated to perform gentle passive stretching four to five times daily, preferably in the supine position. It is important to perform frequent but short sessions because the shoulder will become stiff again between each session.

The therapist's role as educator is vital in reinforcing to patients that success or failure of the therapy largely depends on their ability to perform stretching not only with the therapist but four or five times daily on their own.

POSTOP: (Day 0)

Initiate passive assisted motion while Acute Pain Service Catheter/Block in place-reinforces gained motion without pain and establish trust with therapist. Two therapy sessions the day of surgery are preferable in addition to self-directed passive motion. Safe limits of motion achieved intra-operatively will be documented per protocol.

Sling is worn for comfort only and may be weaned over the first 1-3 weeks. Active-assisted motion can typically be added at 3-4 weeks postoperatively if passive motion is maintained and patient is pain free. Gentle functional strengthening may be added once ROM is pain free.