

## **Rehabilitation Protocol: Shoulder MUA / Arthroscopic Capsular Release**

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Early post-operative therapy and stretching following a capsular release is important and needs **extreme emphasis**.

Physical therapy should start the same day post-surgery or the very next day. Any longer of a wait time to start physical therapy may hinder the point of the surgery.

PT for the first 2 weeks should be performed 5x/week to achieve max. effect.

The patient may have a nerve block and/or an On-Q pain pump following surgery. This is an extreme benefit as the therapist should work their PROM in all directions as much as tolerated.

A home exercise stretching program should be performed 3-5x/ day for 15-30 minute sessions.

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### **PHASE I (same day - 2weeks)**

Goals:

- Maintain motion achieved during surgery
- Keep pain low but push through discomfort to maintain motion

Immobilization:

- Following the return of sensation from nerve block, patient may D/C sling if tolerated.
  - No more than 7-10 days in a sling max. if needed.
    - Encourage not to wear if in the house following return of sensation
    - Only wear if outside, traveling, crowds, etc.

Restrictions:

- No lifting > 2lbs.
- No strengthening

Exercises:

- PROM to full or “tolerable discomfort”, all directions
    - Flexion/Scaption/Extension/ER/IR/ABD/ABD ER/ABD IR
      - Perform ABD ER/IR at 45 degrees to start
    - With nerve block/ON-Q should allow for pain free aggressive ROM
  - Doorway Pulley
  - Table Slides
  - Codman’s
  - Elbow/Wrist/Hand PROM/AROM exercises
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## **PHASE II (2weeks - 6weeks)**

### Goals:

- Continue to maintain motion achieved during surgery
- Keep pain low but push through discomfort to maintain motion
- Begin AAROM/AROM

### Immobilization:

- Should have D/C sling by this time.

### Restrictions:

- No lifting > 2lbs.
- No strengthening

### Exercises:

- PROM to full or “tolerable discomfort”, all directions
    - Flexion/Scaption/Extension/ER/IR/ABD/ABD ER/ABD IR
      - Perform ABD ER/IR at 90 degrees
  - Doorway Pulley
  - Table Slides
  - Codman’s
  - Begin AAROM/AROM exercises all directions
    - Wall Walks
    - Supine AAROM forward elevation
      - L-bar
    - Side-lying ER w/o weight
      - Use towel roll
  - Elbow/Wrist/Hand AROM/PROM exercises
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## **PHASE III (6weeks – 12weeks)**

### Goals:

- Continue to maintain PROM/AAROM/AROM
- Keep pain low but push through discomfort to maintain motion
- Begin Strengthening

### Restrictions:

- None, with the exception of: if motion still needs improvement, hold off on strengthening until closer to 12-week mark or until motion is restored to normal.
- Don’t lift anything you haven’t worked back to yet

### Exercises:

- PROM to full or “tolerable discomfort”, all directions.
  - Flexion/Scaption/Extension/ER/IR/ABD/ABD ER/ABD IR
    - Perform ABD ER/IR at 90 degrees
- Doorway Pulley
- Table Slides
- Codman’s

- Begin AAROM/AROM exercises all directions
    - Wall Walks
    - Supine AAROM forward elevation
      - L-bar
    - Side-lying ER w/o weight
      - Use towel roll
  - Body-Blade
  - Rhythmic Stabilization drills
  - Rotator Cuff Strengthening
  - Upper Back strengthening
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#### **PHASE IV (12weeks +)**

Goals:

- Continue to maintain PROM/AAROM/AROM
- Continue Strengthening
- Transition to a HEP

Restrictions:

- None
- Don't lift anything you haven't worked back to yet

Exercises:

- PROM to full all directions.
    - Flexion/Scaption/Extension/ER/IR/ABD/ABD ER/ABD IR
      - Perform ABD ER/IR at 90 degrees
  - Doorway Pulley
  - Table Slides
  - Codman's
  - Begin AAROM/AROM exercises all directions
    - Wall Walks
    - Supine AAROM forward elevation
      - L-bar
    - Side-lying ER w/o weight
      - Use towel roll
  - Body-Blade
  - Rhythmic Stabilization drills
  - Rotator Cuff Strengthening
  - Upper Back strengthening
  - Return to Full Normal Activity/Sport/Exercise as tolerated
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