

Manipulation Under Anesthesia / Arthroscopic Capsular Release Protocol

Manipulation of the shoulder under anesthesia (with or without arthroscopic capsular release) is a treatment for refractory adhesive capsulitis (frozen shoulder). The procedure transforms a stiff painful shoulder to one with full passive mobility while the patient is asleep. Physical therapy is, therefore, aimed at maintaining these ROM gains. With this in mind, therapy is focused on maximizing active and passive range of motion within the patient's pain tolerance immediately. Sling should be worn only until peri-operative nerve block wears off (<24 hours).

PHASE 1 (weeks 1-4)

- Modalities to control pain and inflammation
- Range of motion
 - PROM within pain-free tolerance
 - Low-load prolonged stretch
 - Active and active-assisted ROM with cane or pulley
 - No ROM restrictions
 - Use heat prior to stretching after initial post-operative inflammation subsides
 - Grade II-III joint mobilization
- Develop home exercise program to be performed at least four times per day to include the following:
 - Self mobilization
 - Self stretches through low-load prolonged passive stretch
 - Pulley or cane
 - Distal joint ROM (elbow, wrist, hand)
- Aquatic therapy beginning okay beginning 14 days after surgery (based on patient preference and facility availability)
- Maintain cardiovascular health using walking, exercise bike, jogging, or swimming as tolerated

PHASE 2 (> 4 weeks)

- Continue ROM protocol above with goal of full ROM
- Continue home program
- Add strengthening protocol for deltoid, rotator cuff, biceps, triceps, and scapular stabilizers after range of motion has normalized