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POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC CAPSULAR RELEASE

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

Many patients will stay overnight in hospital and receive physical therapy the day of surgery and the following day prior to discharge for PROM with interscalene block

In most cases, patients will have outpatient physical therapy scheduled 5 times a week for the first 2 weeks and then 3 times a week for at least 6 weeks post-op.

Post-op day 1:

- Patients who remain in hospital for one night to receive a block and PROM in hospital by PT
- Patients who don't stay overnight will begin outpatient PT
- Pendulums
- PROM for forward elevation, external rotation, internal rotation if not contra-indicated
- Supine self AAROM for forward elevation in scapula plane
- Supine AAROM with stick for ER (Shoulder at 30-45 degrees of abduction and arm at least level with abdomen for ER -use towel roll/pillow)
- Ice (Cryo-cuff)
- Patient education in use and set-up of abduction pillow (if given), cryo-cuff, HEP, and to follow post-op instructions given by surgeon for dressing removal, catheter removal, and medication

Post-op week 1-2:

- Pendulums
- PROM for forward elevation, external rotation at 0°, 45°, 90° of abduction, internal rotation
- Supine self AAROM for forward elevation and may progress to stick as tolerated
- Supine AAROM with stick for ER -arm at least level with abdomen for ER at multiple angles of abduction (0°, 45°, 90°)
- Standing AAROM with stick for extension and external rotation at side
- Self internal rotation behind back
- Elbow, wrist, hand AROM
- Modalities (Ice, electrical stimulation)
- Avoid lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

**The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

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Post-op week 3-4:

- Pendulums
- Strive to achieve full PROM all planes
- GH and ST joint mobilizations as needed
- Soft tissue mobilization/myofascial release techniques for shoulder and scapula musculature
- Supine AAROM with stick all planes
- Standing AAROM with stick for extension and external rotation at side
- Self internal rotation behind back
- Stretch posterior shoulder/capsule-Sleeper stretch and horizontal adduction cross body
- Pulley in scapula plane with quality ROM (no scapula hike).
- Modalities for pain

Post-op week 5-6

- Continue all PROM/AAROM exercises to achieve and maintain PROM
- End-range terminal stretching
- Continue with joint mobilization including end range mobilization techniques as needed
- Continue with soft tissue mobilization
- Continue all exercises week 3-4
- Scapula control exercises
- Begin AROM for IR and ER in sitting and progress to side-lying if good quality ROM and pain-free.
- May begin AROM forward elevation if pain-free with good quality ROM in the scapula plane beginning with gravity eliminated positions (supine and side-lying) and progress according to quality of motion (semi-recumbent, sitting and/or standing); Avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended; **Hold if increased pain**
- Modalities for pain. May use heat prior to ROM and consider in position of most limitation.

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Post-op week 7-8

- Continue all PROM/AAROM/AROM exercises
- Continue all end-range terminal stretching
- Joint mobilization and soft tissue mobilization as needed
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint)
- Initiate light resistance if normal PAINFREE AROM in these planes without abnormal or substituted movement patterns. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
 - Side-lying ER/IR
 - Prone extension/row
 - Scapula protraction supine
 - Elastic band/tubing for ER, IR, extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing.
 - Prone horizontal abduction
- Active forward elevation with thumb-up, “full can” position and progress to resisted with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike or pain
- Continue scapula stabilization exercises (manual resistance, scapula PNF)
- UBE
- Begin closed chain exercises

Post-op week 9-10

- PROM and stretching as needed
- Progress strengthening program
- Begin PNF patterns
- Closed chain exercises
- Begin light functional activity as appropriate and within surgeon’s guidelines
 - Return to work considerations

Post-op week 11-12

- Progress open and closed chain exercises as appropriate
- Maintain PROM and flexibility
- Progress functional activities
- Begin sport specific activity when cleared by physician