

ARTHROSCOPIC CAPSULAR RELEASE– REHABILITATION PROTOCOL

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic debridement/Capsular Release. If patient also has a capsular release along with a biceps tenodesis, patient can begin fairly aggressive PROM in PT as long as when doing shoulder flexion the elbow is bent slightly to take stress off the repaired biceps tendon. If patient has a rotator cuff repair along with a capsular release, please check with the referring physician on when he wants PROM to begin and how aggressive he wants PT to be with the PROM as to not put any undue stress on the healing rotator cuff repair. It is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician required assistance in the progression of a post-operative patient they should consult with the referring surgeon.

(From Andrew) No sling, PROM, AAROM, AROM to tolerance. The main thing I like to have people do is patients in therapy for 10 days straight, then 3x per week for 2 weeks and 2x per week after that.

Phase 1: (1-2 weeks)

Goals:

- Restore non-painful range of motion (ROM)
- Retard muscular atrophy
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living (ADLs)
- Prevent muscular inhibition
- Wean from sling

Precautions:

- Care should be taken with abduction (with both active range of motion (AROM) and passive range of motion (PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided

Range of Motion:

- PROM
- Active assisted range of motion (AAROM)
- AROM
- Pendulums

- Pulleys
- Cane exercises
- Self stretches

Strengthening:

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

Modalities

- Cryotherapy
- Electrical stimulation-inferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for progression to phase 2:

- Full active and passive ROM
- Minimal pain and tenderness

Phase 2: Intermediate Phase (2-6 Weeks)

Goals:

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of shoulder complex

Exercises:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Manual Treatment:

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Modalities:

- Cryotherapy
- Electrical stimulation- inferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for Progression to Phase 3:

- Full painless ROM

- No pain or tenderness on examination

Phase 3: Dynamic (Advanced) Strengthening Phase: (6 weeks and beyond)

Goals:

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

Emphasis of Phase 3:

- High speed, high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns

Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)