



**RALEIGH
ORTHOPAEDIC
CLINIC**

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Rehab Protocol: Arthroscopic Capsular Release/Manipulation

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- Sling immobilization for comfort **Weeks 0-1** – Discontinue sling use at 1 week
 - Range of Motion –PROM →AAROM →AROM as tolerated
 - Goals: Immediate full PROM as tolerated
- Therapeutic Exercise
 - Codman's/Pulleys/Cane
 - Elbow/Wrist/Hand Range of Motion
 - Grip Strengthening
 - No resistive exercises
 - Heat/Ice before and after PT sessions

Phase II (Weeks 4-8)

- Range of Motion – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
 - Goals: Full AROM
- Therapeutic Exercise
 - Begin light isometrics with arm at the side for rotator cuff and deltoid
 - Advance to therabands as tolerated
 - Passive stretching at end range of motion to maintain shoulder flexibility
- Modalities per PT discretion

Phase III (Weeks 8-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise – Advance strengthening as tolerated
 - Isometrics → therabands → weights
 - Begin eccentrically resisted motions, closed chain exercises and plyometrics
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____