



**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:** \_\_\_\_\_