# REHAB PROTOCOL

## Arthroscopic Capsular Release

### POST-OP GUIDELINES

**Aim of surgery:** to restore functional range of motion at the shoulder following a primary or secondary frozen shoulder.

*Therapists are expected to use clinical reasoning for each individual and implement alternative treatment strategies as appropriate. The reasoning and action should be documented in the patient notes.*

### PRIOR TO DISCHARGE

- Same day treatment with in-patient orthopaedic physiotherapist.
- Therapist to take shoulder through passive ROM while block in effect on ward.
- Patient instructed to perform stretches frequently i.e. 2 minutes every 2 hours throughout the day.
- Refer to op note for movement achieved in theatre.
- Patient to start pendular exercises after block wears off and encourage to complete every hour for both pain relief and mobility.
- Patient to be shown active assisted shoulder flexion, abduction and lateral rotation.
- Teach active elbow, wrist and hand exercises.
- Teach patient how to table slide into flexion; closed kinetic chain aspect will enhance proprioception (consider the initiation of this movement with the legs to facilitate local activation through the kinetic chain).
- Low-level rotator cuff exercises taught (<30% MVIC).
- Patient should be seen frequently within the first 6 weeks. For the first 2 weeks, patient should be seen 2 x per week for manual therapy (capsular mobilisations).
- 1st appointment should be 1 week post-operatively at a maximum.

## 0-2 WEEKS

**Goal: Minimise pain and ensure patient comprehension of mobility programme.**

- Collar and cuff to be removed as soon as block wears off.
- Review wound portals.
- Light functional tasks should be encouraged as comfort allows as soon as block wears off.
- Patient to be taught capsular stretching exercises (for anterior / posterior / superior / inferior portions) to add into HEP.
- Avoid sleeper stretches; stretch into horizontal adduction with the arm below shoulder height to address posterior tightness.
- Physiotherapist to perform capsular mobilisations to patient.
- Physiotherapist to perform passive physiological movements as required to assist with regaining ROM.
- Emphasis efficient and 'normalised' movement patterns during ADLs.
- Check and document both active and passive range of motion.

## 2-6 WEEKS

**Goal: Increase ROM, Enhance Proprioception, Optimise Kinetic Chain**

- Physiotherapist to perform capsular/joint mobilisations to patient.
- Physiotherapist to perform passive physiological movements as required to assist with regaining ROM.
- Progress AAROM exercises as required; encourage proprioceptive rich exercises through the use of closed kinetic chain activities e.g. wall slide, table slide.
- Ensure continuation of home exercise programme.
- Facilitate rotator cuff activity during elevation e.g. back of hand wall slides up wall.
- Progress rotator cuff strengthening exercises from isometrics as pain allows.
- Avoid sleeper stretches, continue with horizontal adduction stretch.
- Consider the kinetic chain early; initiate movement with legs or trunk to facilitate local shoulder recruitment e.g. single leg stand, step ups.
- Check and document both active and passive range of motion.

## 6-12 WEEKS

**Goal: AROM to at least peri-operative level by 12 weeks.**

- Continue with capsular/joint mobilisations/passive physiological movements in physiotherapy as required; keep to a minimum to ensure patient builds self-efficacy.
- Patient to continue their mobility/stretching programme.
- Continue to facilitate rotator cuff activity during elevation.
- Progress proprioceptive work through continued closed kinetic chain exercises e.g. weight bearing through arms in 4-point kneeling
- Progress rotator cuff controlled movement and strengthening work e.g. rotation control in prone 90/90 +/- dumbbell
- Continue to incorporate the kinetic chain e.g. squats, lunges, wall squats with arm elevation.
- Start sport-specific training at a level below shoulder height.
- Progress rotator cuff exercises above shoulder height as pain allows e.g. shoulder press, resisted elevation

## 12+ WEEKS

**Goal: Achieve full AROM, strengthening through range, commence return to activity/sport.**

- Strengthening exercises as required for the upper limb and shoulder girdle – function specific.
- Sports specific rehabilitation incorporating proprioceptive exercises and entire kinetic chain.
- Enhance rotator cuff power through range; include plyometrics and force production work as function dictates.
- Advise patient regarding self management stretches and return to full functional activities; they must continue their home exercise programme for up to 12 months.

## EXPECTED MILESTONES

- Home on day of surgery
- Passive ROM to commence on ward with block in effect
- Block to wear off approximately 24 hours post-op
- Wean collar and cuff as soon as block wears off
- Commence ADL's after block wears off
- GP Removal of sutures 10-14 days post-op
- Out-patient physio 1 weeks post-op at latest
- Out-patient clinic 12 weeks post-op
- Return to normal 3-6 months

*Significant deviation from milestones should be discussed with surgeon.*

## RETURN TO ACTIVITY

Return to activity should ideally be bespoke to patient's pathology, specific surgical procedure performed, and career/sporting circumstances.

| **Activity** | | **Earliest return** |
|---|---|---|
| **RTW** | Sedentary | 10/7-6/52 |
| | Manual | 6/12 |
| **Lifting** | Light | As able. |
| | Heavy | |
| **Driving** | | 2/52 or when safe to do so |
| **Swimming** | Breaststroke | 3/52 |
| | Freestyle | 3/52 or as able |
| **Cycling** | Road | 6/52 or as advised by physio |
| | Mountain | 3/12 or as advised by physio |
| **Contact sports** | | 3/12 or as able |

*Significant deviation from milestones should be discussed with surgeon.*