



Raphael S. F. Longobardi, MD
Orthopaedic Surgery and Sports Medicine
Continental Plaza, 433 Hackensack Avenue, Hackensack NJ 07601
www.universityorthopaedic.com
tel: 201.343.1717 fax: 201.343.3217
NJ lic #: 25MA06397000 NY lic# 186348

Name: _____

DOS: _____

ADHESIVE CAPSULITIS/FROZEN SHOULDER
&
POST OP ARTHROSCOPIC RELEASES FOR ADHESIVE CAPSULITIS

GOALS

- Decrease pain via proper pain management techniques
- Increase A/PROM to normal full and symmetric Glenohumeral ROM
- Restore Scapulothoracic rhythm
- Good compliance to Home Exercise Program (HEP)
- Increase strength to 5/5 on mid range manual muscle testing
- Restore normal ADL function and movement patterns; progress to work and sport movement requirements.

HOME PROGRAM

- Codman's all planes
- Educate on avoiding impingement
- Supine flexion via wand, wall climb or pulley w/ emphasis on long duration and low intensity
- Supine abduction w/ wand to 90 degrees only progressing in pain free ROM and avoiding impingement
- Supine ER w/ shoulder at 0, 45 and 90 degrees of abduction using wand. Support humerus w/ pillow/rolled towel for neutral positioning
- Supine theraband stretches for ER & FF
- RTC/posterior capsule stretch (horizontal adduction) and towel stretch and progress as pain allows
- A/AA/PROM PNF patterns (D1F/E, D2F/E)
- Self-mobilization techniques
- Cervical ROM and Upper Trapezius stretch
- Scapular stabilization exercises
- Functional ADL activities as tolerated
- Posture education
- Discuss precautions w/ work/sport and criteria for progression
- Home E-Stim unit for Muscle re-education prn
- Home pulleys

**ADHESIVE CAPSULITIS/FROZEN SHOULDER &
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CLINICAL INTERVENTION

Evaluation:

- Begin on FIRST POST OP DAY (POD#1)
- Appointments for 4x/week for first 4 weeks; 3x/week for non-operative management
- Remove dressing and assess site.
- Educate in home wound care
- Issue HEP
- **Progress Note** submitted w/ pt upon follow up visit to MD (usually every 4 wks)

Modalities:

- HP warm-up prior to exercise until DC
- E-Stim/US for pain management w/ CP prn
- E-Stim for Muscle re-ed

Therapeutic Exercise:

- Pulley, wall climb, wand: avoid impingement and hiking
- **No UBE!**
- Muscle strengthening via appropriate progression of MRE's, isometrics, light isotonics (1-5 lbs, including T-Band) and machines all in **pain free ROM and only after improvement of ROM.**
- Scapular stabilization including scapular depression.
- **Precautions: avoid impingement, monitor and educate in proper movement patterns and technique of exercise at all times.**
- Discuss w/ MD need for further objective evaluation of mobility, strength and more aggressive POC, especially before return to work.
- Consider need for FCE/Work Conditioning and discuss w/MD

Manual Therapy:

Restore Glenohumeral arthrokinematics and osteokinematics via appropriate manual techniques.

0-2/13 WEEKS:

REHAB SPECIFICATIONS :

(3 or 4x/wk)

PROM/AAROM/AROM IN ALL PLANES; PROGRESS AS TOLERATED

- POST -OP IMMOBILIZER BRACE FOR 2-3 WEEKS UNTIL SUFFICIENTLY MOBILE TO KEEP OUT OF EXTREME IR
- INSTRUCTION OF PROPER HOME ROM FUNCTION

EXERCISES:

- WAND
- PENDULUMS/CODMAN'S
- ELBOW/WRIST/HAND ROM/GRIP STRENGTHENING
- HOME PULLEY – PLS INSTRUCT ON USE
- ROM GUIDELINES: PROGRESS AS TOLERATED; THESE ARE MINIMUM GUIDELINES!! NEED TO ADVANCE TO FULL ROM AS QUICKLY AS POSSIBLE, ESPECIALLY IN THE POST-OP PATIENT
 - FORWARD FLEXION- 0-90 DEGREES OR TO HIGHEST END RANGE
 - ABDUCTION – 0-90 DEGREES OR TO HIGHEST END RANGE
 - **ACHIEVE FULL AND SYMMETRIC PASSIVE ER & IR ASAP, ESPECIALLY ER/ER WITH ABD!!**
 - SCAPULAR ELEVATION AND RETRACTION EXERCISES
 - PERI-SCAPULAR ISOMETRICS

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- 2-4/13 WEEKS:** REHAB SPECIFICATIONS: **(3 or 4x/wk)**
- CONTINUE WITH JOINT PROTECTION USING IMMOBILIZER BRACE, IF NECESSARY
 - MAY BEGIN AQUATIC ACTIVITIES
 - GOAL: CONTINUE WITH ROM PROGRESSION TO ACHIEVE FULL, SYMMETRIC ROM
 - o INCREASE FORWARD FLEXION – 0-135 DEG
 - o INCREASE ABDUCTION – 0-135 DEG
 - o ACHIEVE FULL AND SYMMETRIC ER & IR

EXERCISES:

- o PROGRESS ROTATOR CUFF STRENGTHENING WITH ISOMETRICS
- o PROGRESS INTO AROM PRE'S WITH LIGHT WEIGHT/RESISTANCE
- o BEGIN THERABAND EXERCISES AS TOLERATED
- o PERI-SCAPULAR RESISTANCE EXERCISES
- o AQUATICS W/EMPHASIS ON STRENGTHENING

- 4-6/13 WEEKS:** REHAB SPECIFICATIONS: **(3x/wk)**
- GOAL: ACHIEVE FULL, SYMMETRIC ROM BY END OF WEEK 6!!
- o CONTINUE WITH ROM PROGRESSION
 - o FORWARD FLEXION – 0-180 DEG
 - o ABDUCTION – 0-180 DEG
 - o ER/IR – FULL/SYMMETRIC

EXERCISES:

- o CONTINUE WITH PROGRESSION AS TOLERATED
- o BEGIN ROTATOR CUFF STRENGTHENING WITH ISOMETRICS
- o PROGRESS INTO AROM PRE'S WITH LIGHT WEIGHT/RESISTANCE
- o CONTINUE AQUATICS W/EMPHASIS ON STRENGTHENING

- 6-8/13 WEEKS:** REHAB SPECIFICATIONS: **(2-3x/wk)**
- GOAL: FULL ROM REACHED IN ALL PLANES
 - MONITOR/EDUCATE PROPER MECHANICS
 - o AVOID HIKING
 - o AVOID IMPINGEMENT
 - o ENCOURAGE SCAPULAR DEPRESSION

EXERCISES:

- o CONTINUE WITH PROGRESSION AS TOLERATED

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8-13/13 WEEKS: REHAB SPECIFICATIONS: **(2-3x/wk)**
UNRESTRICTED STRENGTHENING AND PROGRESS TOWARD
MORE FUNCTIONAL, SPORTS, RECREATIONAL, OR WORK-
RELATED ACTIVITIES
- EDUCATE PROPER MECHANICS

EXERCISES:

- UE AND LE WORKOUT
- PROGRESSIVE THERABAND FOR ROTATOR CUFF
- PROGRESS ALL PRE'S
- BEGIN FUNCTIONAL STRENGTHENING: EMPHASIZE SCAPULA MUSCLES/LATS/BICEPS/TRICEPS

13-16 WEEKS: REHAB SPECIFICATIONS: **(1-2x/wk)**
- PREPARE PATIENT FOR DISCHARGE THROUGH
RELATIONSHIP WITH WORK-HARDENING/FCE, ATHLETIC
TRAINER, STRENGTH SPECIALIST, ETC.
- PATIENT SHOULD HAVE A GOOD, COMPREHENSIVE HOME
PROGRAM WITH EMPHASIS ON PROPER TECHNIQUE

EXERCISES:

- CONTINUE GENERAL STRENGTHENING
PROGRAM IN CLINIC AND @ HOME
- PROGRESS TO PLYOMETRICS/ECCENTRICS/DYNAMIC
STRENGTHENING AS TOLERATED

Signature: _____ Raphael S.F. Longobardi, M.D.

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