



## **SHOULDER REHABILITATION GUIDELINE-ADHESIVE CAPSULITIS RESECTION & MUA**

Adhesive capsulitis involves a limitation of range of motion secondary to glenohumeral capsular tightening and scarring. When this process is addressed with manipulation under anesthesia or arthroscopic or open resection of adhesions, the following physical therapy program is utilized. *Please keep in mind the driving surgical intervention. Sometimes multiple simultaneous procedures are performed on the shoulder. In this event, the driving surgery should take precedence over the other procedures in terms of rehabilitation in the following order: posterior capsular stabilization (arthroscopic)>rotator cuff repair>anterior capsulorrhaphy(arthroscopic)>SLAP repair>anterior capsulorrhaphy or Bankart repair(open)>total shoulder replacement or hemiarthroplasty>biceps tenodesis>adhesive capsulitis MUA or resection>subacromial decompression.*

Stage 1(Day 1-4 weeks): aggressive gravity pendulum exercises (5 minutes--4x/day). Begin gripping exercises with ball or putty. Cervical spine AROM. Cryocuff use encouraged. Can wall climb forward and lateral up to 180 degrees 4x/day as tolerated. Can passively or actively externally rotate up to 40 degrees at side and 90 abduction, progressing up to the ROM of the other side. Passive horizontal flexion as tolerated passed straight in front of body. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys. Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, door-pulleys. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance.

Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance.

Stage 2(4-8 weeks): Advance to home program or self-directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may gradually progress up to lifting, pushing, pulling up to 50% of "normal" load.

Stage 3(8 weeks and beyond): Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks. Patient may progress to overhead activities by 4 months post-operative. Start functional rehabilitation for throwing or other functional rehabilitation programs or work conditioning, as necessary.