

ADHESIVE CAPSULITIS REHABILITATION PROGRAM

Non –Surgical Treatment

Cortisone injections given in office to decrease inflammation
Passive ROM and stretching (teach family member)
Gentle AAROM in **supine** position

NO STRENGTHENING!

If **no** significant improvement after 1 or 2 injections and 6 weeks of therapy, then progress to surgical treatment. Closed manipulation under anesthesia for most patients is successful. However, if this does not permit full ROM or if the patient is a diabetic or if the stiffness is post-traumatic or post-surgical then an arthroscopic capsular release is performed.

After Closed Manipulation And/Or Arthroscopic Capsular Release

Phase I: Maintain Motion

NO ACTIVE ROM OR STRENGTHENING

0-2 weeks: Daily PT for Passive ROM and stretching. Teach family member so patient can do exercises 3x daily.

Patients may be given a shoulder CPM machine for home use during the first 2 weeks after surgery. Begin the day of surgery for up to 45 minutes per session, 6 times per day. Goal: 120 degrees flexion (forward elevation) and 75 degrees external rotation in the CPM.

2-4 weeks: Reduce PT to 2-3 x/week depending on progress and compliance with HEP. Begin AAROM with wands/pulleys at home and in PT

Phase II: Strengthening; 4 to 8 weeks

MUST HAVE NEAR FULL ROM AT BEGINNING OF THERAPY SESSION (COLD MEASUREMENTS) TO ENTER THIS PHASE

Begin AROM

Isometric strengthening initially; Progress to theraband strengthening within **pain-free** range
Maintain proper scapular dynamics

AVOID shoulder inflammation in this phase since that could lead to stiffness!

Phase III: Return to Activities

If near full pain free ROM and strength, then begin sports/work specific conditioning.