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Arthroscopic Capsular Release Therapy Protocol

Phase 1: Weeks 0-4

GOALS

- Improve shoulder discomfort
- See noticeable gain in shoulder motion

RESTRICTIONS

- Limited by pain only

ROM

- Aggressive passive ROM
- Begin with FF, ER and IR with the elbow at 90° and the arm at the side.**
- Rotation may also be performed with arm in the slightly abducted position.
- Anterior and posterior capsular stretches*
- No restriction on ROM, but the patient and therapist must communicate to avoid injuries. If it is felt that progress is not being made, please call Dr. Tauberg.

STRENGTH

- Gentle strengthening of rotator cuff and scapular stabilizers may be done, but focus should be on ROM
- Deltoid, cuff isometrics, begin scapular protraction/retraction

SLING

- Discontinued after initial 24 hours

MODALITIES

- Ultrasound as needed
- Moist heat prior to therapy
- Ice for 15-20 minutes after therapy

MEDICATIONS

- Improving ROM in the setting of adhesive capsulitis may be painful. To facilitate therapy, you may be prescribed a pain medication to be taken before every therapy visit.
- NSAIDs are encouraged if able to take
- Injection

FREQUENCY

- Day of surgery: If surgery performed in AM, postop therapy to begin that PM. Otherwise should see POD#1
- Postop Days 1-3: Daily therapy visits on consecutive days 1 through 3
- Postop Weeks 1-4: therapy visits 3x/week
- Home Exercise Program – starting day 1
 - Perform 3-5x per day
 - Sustained stretch of 15-30 seconds at end ROM in all planes

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op



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SURGERY ASSOCIATES, P.C.

Phase II: Weeks 4-8

GOALS

- Improve shoulder motion in all planes
- Maintain prior ROM achieved intraoperatively
- Improve strength and endurance of rotator cuff and scapular stabilizers

ROM

- Continue PROM, AROM, AAROM – increases as tolerated to full motion
- Continue capsular stretches

STRENGTH

- Rotator cuff strengthening in all planes 3x/week
- Advance isometric strengthening*
- Progress to TheraBand strengthening**
- Progress to dumbbells**
- Scapular stabilization program

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op
**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

MODALITIES

- Moist heat prior to therapy
- Ice 15-20 minutes after therapy

MEDICATIONS

- Improving ROM in the setting of adhesive capsulitis may be painful. To facilitate therapy, you may be prescribed a pain medication to be taken before every therapy visit.
- NSAIDs are encouraged if able to take
- Injection

FREQUENCY

- Postop Weeks 4-6: therapy 2x/week, with home program 3x daily (active and passive stretching program)
- Postop Weeks 6-8: 1 time per week in office (home program 3x daily)

Phase III: Weeks 8-16

GOALS:

- Achieve normal or near-normal ROM
- Regain ADLs
- Maintain home exercise program

ROM

- Progress to full motion without discomfort

STRENGTH

- Advance as tolerated
- Begin eccentrically resisted motions / closed chain activity
- Return to sport and full activity as tolerated after 12 weeks

FREQUENCY

- Therapist and physician discretion
- Maximum improvement typically 6-9 months after surgery

