



DR. HENNIGAN

ARTHROSCOPIC CAPSULAR RELEASE

Date: 9/2/20

Date of Surgery: _____

LONG TERM GOALS OF PROCEDURE:

- Patient to obtain appropriate glenohumeral joint capsular mobility to allow patient to perform overhead and forward-reaching activities as well as reaching behind back to return to previous level of function.
- To maximize patient's rotator cuff and scapular stabilizer strength and endurance to allow patient to perform all home and work-related activities without limitation.

STARTING 1-3 DAYS – 6 WEEKS POST-OP:

GOALS:

- Restore ROM ASAP
- **Therapy is expected to occur at least 3x/week**

CONTINUOUS PASSIVE MOTION (CPM):

- If prescribed a (CPM), use for 30 minutes at a time 4 times per day
- Do NOT use CPM until block has worn off
- Recommend terminal stretches for 5-10 minutes after CPM use

SLING:

- Wear sling only until nerve block wears off, then discontinue

DRESSING

INITIAL POST-OP THERAPY VISIT:

- Remove post-op dressings (if not already removed) and apply clear film dressing for protection until sutures are removed.

PRECAUTIONS:

- No ROM restrictions, progress as tolerated

EXERCISE PROGRAM

- AROM of elbow, forearm, wrist and hand as needed
- Initiate P/AA/AROM of shoulder into all planes
- Aggressive capsular mobilization and stretching as needed to achieve end ranges
- Postural correction and scapular squeezes
- Scar mobilization following suture removal
- Decrease in therapy frequency only if patient is progressing with ROM
- Use of modalities as indicated

6 WEEKS+ POST-OP:

GOALS:

- Patient to demonstrate full PROM.
- Patient to demonstrate ability to perform active shoulder flexion and abduction, without scapular substitution.
- To minimize scar tissue adherence to allow patient to perform full AROM without significant complaints of pain.

EXERCISE PROGRAM:

- Initiate strengthening **but not at the expense of ROM.**
- Progress with scapular stabilizer strength.
- Address GHJ restrictions with joint mobilizations and static stretching
- Address AC joint and SC joint limitations
- Gradually decrease in therapy frequency, ensuring the patient maintains ROM and completes HEP regularly.