

**Adhesive Capsulitis / Arthrofibrosis Protocol**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ Surgery Date \_\_\_\_\_

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only

Provide home exercise program (HEP)

Evaluate and Treat

**General Principles**

- If immediately post-op (within first 24 hours) and interscalene block still in effect, obtain, demonstrate and even photograph the amount of motion achievable so patient can see motion goals to retain.
- Outpatient pain medication and modalities – ice, heat, ultrasound, etc
- Apply modalities with shoulder at end range (comfortable) position (not arm at side)
- A/AA/PROM – no limitations, focus on IR and ER at 90° abduction while supine. Try to preserve as much IR and ER as possible. Include sleeper stretch.
- Emphasize gentle PROM initially
- Work in pain-free arc, but emphasize modalities to stretch at end ROM
- Work on full flexion and abduction. Emphasize glenohumeral motion, block scapulothoracic motion with abduction / flexion from 0 to 80°.
- Rotator cuff and peri-scapular stabilization program exercises, begin at 0° and progress to 45° to 90° as tolerated pain-free
- Avoid open and closed-chain rotator cuff strengthening exercises while patient is stiff
- Home Exercise program of stretches to be done 3-4 times a day for 15 minutes per session, 7 days/week.
  - Include instructions on supine well-arm assisted stretching exercises

Comments:

Modalities: \_\_\_ Per therapist \_\_\_ Electrical Stimulation \_\_\_ Ultrasound \_\_\_ Heat before/after \_\_\_ Ice before/after

\_\_\_ Aquatherapy \_\_\_ Massage \_\_\_ Trigger points \_\_\_ ART (Active release techniques) Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_