



## Adhesive Capsulitis Conservative Treatment Rehabilitation

This rehabilitation protocol has been developed for the patient with adhesive capsulitis, or “frozen shoulder.” Shoulder stiffness may be caused by a variety of factors. In many cases, frozen shoulder due to adhesive capsulitis will get better over time with no specific treatment, but this recovery may take over a year, and the shoulder may never regain its original range of motion. Frozen shoulder due to other causes (such as trauma) may not get better without treatment. Initial treatment for this problem may include cortisone injection and/or oral anti-inflammatory medications for comfort, but physical therapy is the key to help facilitate recovery. In some cases, maximal improvement cannot be achieved without surgery. Physical therapy is also very important after a surgical procedure for frozen shoulder to ensure that the range of motion achieved at surgery is maintained.

This protocol will vary depending on factors such as:

- The cause of the frozen shoulder
- Whether a surgical procedure has been performed
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Passive range of motion is the key to recovery. If surgery has not been performed, it is important that range of motion gains are seen over time. The progress that is made must be monitored periodically by the therapist and Dr Murray. If no progress is made over a 3-month period of regularly attended physical therapy, a manipulation under anesthesia or surgery may be needed. If manipulation or surgery has been performed, it is important that the motion gained at the time of the procedure is maintained.

This protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. The **overall goals** of the surgical procedure and rehabilitation are to:

- Regain normal shoulder range of motion
- Control pain
- Regain normal upper extremity strength and endurance
- Achieve the level of function based on the orthopedic and patient goals

A CPM machine may be used for home range of motion. The supervised rehabilitation program is to be supplemented by a home exercise and stretching program. **If surgery is performed, important post-op signs** to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate range of motion, strength, flexibility, and endurance. Symptoms such as pain, stiffness, swelling, or instability should be closely monitored by the patient.

### Phase 1: Week 1-8

#### Adhesive Capsulitis

WEEK	EXERCISE	GOAL
1-8	ROM Aggressive Passive ROM  Begin with forward flexion, external rotation and internal rotation with the elbow at 90° and the arm at the side.  Rotation may also be performed with arm in the slightly abducted position.  Home exercise/stretching program to be performed by the patient 3-5x per day.  Sustained stretch of 15-30 seconds should end every ROM routine.  Anterior and posterior capsular stretches.  <b>No restriction on ROM, but the patient and therapist must communicate to avoid injuries.</b> If it is felt that progress is not being made, please call Dr Murray.	Gradual ↑

#### STRENGTH

Gentle strengthening of rotator cuff and scapular stabilizers may be done, but focus should be on ROM

#### BRACE

No shoulder brace

#### 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.

#### GOALS OF PHASE:

- Improve shoulder discomfort
- See noticeable gains in shoulder motion

## Phase 2: Week 8-16

### Adhesive Capsulitis

WEEK	EXERCISE	GOAL
8-16	ROM Continue PROM, AROM, AAROM Forward flexion 0-140° External rotation 0-45° Internal rotation T12 Continue capsular stretches	

#### STRENGTH

Rotator cuff strengthening in all planes 3x/week

Start with isometric strengthening

Progress to Theraband strengthening

Progress to dumbbells

Scapular stabilization program

#### MODALITIES

As needed

Moist heat prior to therapy

Ice 15-20 minutes after therapy

#### GOALS OF PHASE:

- Achieve normal or near-normal ROM
- Control pain
- Successful participation in activities of daily living