

Arthroscopic Capsular Release / Lysis of Adhesions / MUA Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Intra-op elevation _____°	Intra-op ER at side _____°	Intra-op ER/IR at 90° ____°/____°
Other Precautions:		

Parameters above are the motion achieved in the operating room and are the target for therapy. **This is not a repair — there is nothing to protect. Recurrent stiffness is the failure mode, so motion starts within 24 hours and is pushed to end range as pain allows.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Keep the motion gained in surgery (match intra-op ROM) - Control pain and inflammation so the patient can participate - Normal light use of the arm from day 1	Precautions - No sling and no ROM restrictions - Start PT within 24 hours; daily visits the first week, supervised PT for at least 3 wks - Time sessions with analgesia and ice; do not back off end-range work for soreness alone If concurrent repair (cuff, labrum): that repair's protocol governs; do not use this one	Treatment Focus - PROM to end range, all planes (incl. ER at side and 90°, IR, cross-body) - Grade III–IV joint mobilizations to match intra-op ROM - Pendulums and pulleys from day 1; add AAROM (cane) → AROM after wk 1 - Home stretching several times daily, ≥2 min total end-range hold per direction
► Advance to Phase 2 when: wounds healed, PROM held at ≈90% of intra-op ROM, pain controlled enough to stretch at end range.			
Phase 2 Weeks 2–6	Goals - Maintain full PROM - AROM equal to PROM with normal scapulohumeral rhythm - Begin strengthening	Precautions - Motion stays the priority; strengthening must not replace or limit stretching - Motion slipping between visits → increase stretching frequency and notify the surgeon	Treatment Focus - Continue end-range stretching and joint mobilization; home program daily - AAROM → AROM all planes (cane, pulley, wall slides) - Isometrics once wounds healed → light band cuff, deltoid, and scapular work - Posterior capsule stretching (sleeper/cross-body)
► Advance to Phase 3 when: PROM ≈90% or better of intra-op ROM, AROM approaching PROM, strengthening tolerated without loss of motion.			
Phase 3 Weeks 6–12	Goals - Full functional AROM - Normalize cuff and periscapular strength/endurance - Return to work/recreation; independent home program	Precautions - Continue daily home stretching; stiffness can still recur - Progress loads gradually; heavy labor and overhead sport as motion and strength allow	Treatment Focus - Isotonic cuff/periscapular strengthening (band → dumbbell), 2–3 sets x 10–15 - Closed-chain and functional, work-, or sport-specific drills - Manual therapy at therapist discretion for residual end-range loss
► Full Release typically 6-12 wks: motion maintained at or near intra-op ROM, functional pain-free strength, independent with home program, cleared by physician. Heavy labor and sport may take up to 4 months.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.