

Shoulder Arthroscopic Capsular Release Rehabilitation

Phase two: 3 to 6 weeks after surgery

Goals:

1. Improve range of motion of the shoulder
2. Begin gentle strengthening

Activities

1. Sling

Your sling is no longer necessary unless the doctor instructs you to continue using it (use it for comfort only).

2. Use of the operated arm

You can move your arm for normal daily activities without restriction, unless your doctor gives you other instructions. Avoid lifting heavy objects and avoid forceful use of the arm

3. Bathing and showering

There are no restrictions unless Dr. Gill gives you other instructions.

Exercise Program

ICE

Days per week: 7

Times per day : 4-5 As necessary 15-20 minutes

STRETCHING / ACTIVE MOTION

Days per week: 7

Times per day : 3-4

Program:

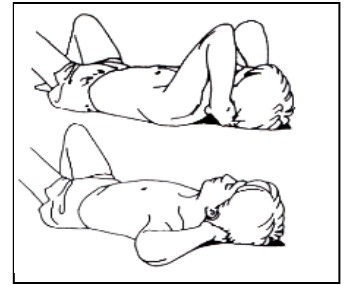
Pendulum exercises	1-2 sets	20-30 reps
Supine External Rotation	1 set	10-15 reps
Standing External Rotation	1 set	10-15 reps
Supine passive arm elevation	1 set	5-10 reps
Seated-Standing Arm Elevation	1 set	5-10 reps
Behind the back internal rotation	1-2 sets	5-10 reps
Supine external Rotation with Abduction	1 set	5-10 reps
Supine Cross Chest Stretch	1 set	5-10 reps
Side-lying External Rotation	1 set	10-20 reps
Prone Horizontal Arm Raises	1 set	10-20 reps

Exercises

1. Supine external rotation with abduction

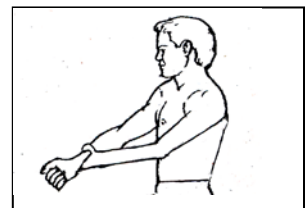
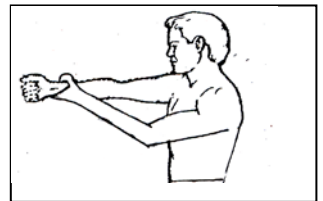
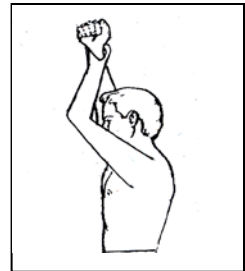
Lie on your back. Place your hands behind your head as shown in the illustration. Slowly lower the elbows to stretch the shoulder toward the second position shown.

Hold for 10 seconds, then return to the starting position.



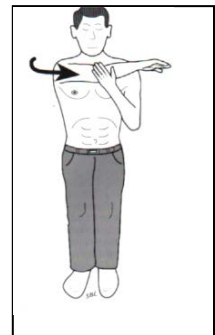
2. Standing Forward Elevation (Overhead Elbow Lift)

This exercise allows the patient to begin arm elevation actively, against gravity, with the assistance of the unaffected arm. Over several days or weeks, you will need less and less assistance with the unaffected arm, until you can raise the arm up overhead under its own strength. The starting position for this exercise is standing and looking straight ahead. The use of a mirror to help you see the exercise is helpful. Start with your hands in front of either the thighs with the operated thumb facing forward. Again, in the beginning of phase 2, this exercise is not performed solely with the operated arm, but uses the unaffected hand for assistance going up and coming down. Keep your elbow straight and extended. The operated arm is lifted forward as high as possible, or to your endpoint of pain. Try to allow the arm to rotate at the shoulder by not allowing the shoulder blade to elevate or 'hike'. Pause and hold at the top overhead position for 3 to 5 seconds. Slowly lower the arm to the starting position and slowly repeat as shown in the illustration. As a precaution to avoid placing excessive tension on the surgical repair, avoid pain while doing this exercise, especially when lowering the arm. Use more assistance from the unaffected arm to help the affected arm through the painful arcs of motion.



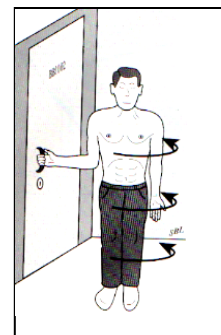
2. Supine cross-chest stretch

Lying on your back, hold the elbow of the operated arm with the opposite hand. Gently stretch the elbow toward the opposite shoulder. Hold for 10 seconds.



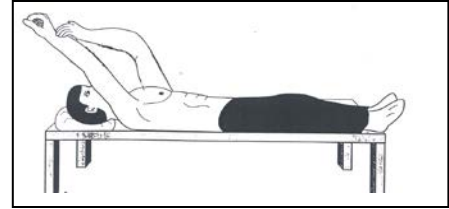
3. Standing external rotation

Stand with the operated shoulder toward a door as illustrated. While keeping the operated arm firmly against your side and the elbow at a right (90 degree) angle, rotate your body away from the door to produce outward rotation at the shoulder.



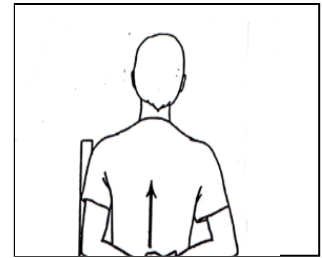
4. Supine passive arm elevation

Continue this exercise from phase two, stretching the arm overhead. Hold for 10 seconds.



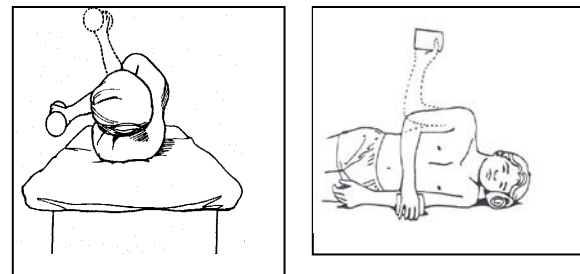
5. Behind-the-back internal rotation

Sitting in a chair or standing, place the hand of the operated arm behind your back at the waistline. Use your opposite hand to pull on a towel, as illustrated, to help the other hand higher toward the shoulder blade. Hold 10 seconds, relax and repeat.



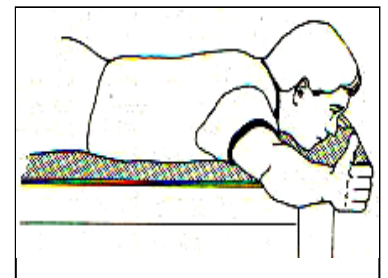
6. Side-lying external rotation

Lying on the non-operated side, bend your elbow to a 90 degree angle and keep the operated arm firmly against your side with your hand resting on your abdomen. By rotation at the shoulder, raise your hand upward, toward the ceiling through a comfortable range of motion. Hold this position for 1 to 2 seconds, then slowly lower the hand.



7. Prone or bent-over horizontal arm raise

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down. Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. Rotate your hand so that the thumb faces away from you. Slowly raise your arm away from your body with the elbow straight, through a pain-free range of motion (so that your hand now has the thumb facing up, and aligned with your cheek). Hold that position for 1 to 2 seconds and slowly lower. Limit the height that you raise the arm to 90 degrees, or in other words, horizontal to the floor.



Office visit

Please arrange an appointment to return to Dr. Gill's office in 6 weeks (12 weeks from surgery).



Shoulder Arthroscopic Capsular Release Rehabilitation

Phase Three: 6 to 12 weeks after surgery

Goals:

1. Regain full range of motion
2. Continue gentle strengthening

Activities:

Use of the operated arm

You may now safely use the arm for most normal daily activities. Any forceful pushing, pulling or lifting activities should continue to be avoided.

Exercise Program

STRETCHING / ACTIVE MOTION

Days per week: 7

Times per day : 1-2

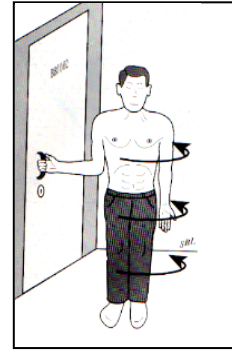
Pendulum exercises	1-2 sets	20- 30 reps
Standing External Rotation / Doorway	1 set	5-10 reps
Wall Climb Stretch	1 set	5-10 reps
Corner Stretch	1 set	5-10 reps
Standing Forward Flexion	2 sets	10-20 reps
Behind the back internal rotation	1-2 sets	5-10 reps
Supine external Rotation with Abduction	1 set	5-10 reps
Supine Cross Chest Stretch	1 set	5-10 reps
Side-lying External Rotation / 1 lb.	1 set	10-20 reps
Prone Horizontal Arm Raises / 1 lb.	1 set	10-20 reps

STRENGTHENING / THERABAND

External Rotation	1-2 sets	15-20 reps
Internal Rotation	1-2 sets	15-20 reps
Standing Forward Punch	1-2 sets	15-20 reps
Shoulder Shrug	1-2 sets	15-20 reps
Seated Row	1-2 sets	15-20 reps
Biceps curl	1-2 sets	15-20 reps

1. Standing external rotation

Stand with the operated shoulder toward a door as illustrated. While keeping the operated arm firmly against your side and the elbow at a right (90 degree) angle, rotate your body away from the door to produce outward rotation at the shoulder. Hold 10 seconds.



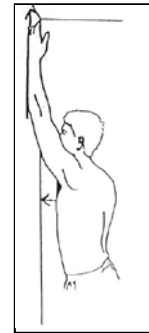
2. Corner stretch

Standing facing a corner, position the arms as illustrated with the elbows at shoulder level. Lean your body gently forward toward the corner until a stretch is felt. Hold 10 seconds, relax and repeat.



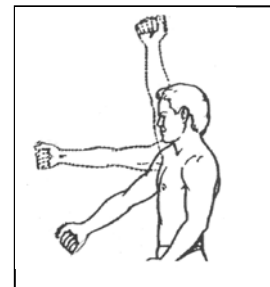
3. Wall climb

Stand facing a wall; place the fingers of the affected arm on the wall. Using the fingers as "feet", climb the hand and arm upward. As you are able to stretch the hand and arm higher, you should move your body closer to the wall. Hold 10 seconds, lower the arm by pressing the hand into the wall and letting it slide slowly down.



4. Standing forward flexion

Stand facing a mirror with the hands rotated so that the thumbs face forward. Raise the arm upward keeping the elbow straight. Try to raise the arm by hinging at the shoulder as opposed to raising the arm with the shoulder blade. Do 10 repetitions to 90 degrees. If you can do this without hiking the shoulder blade, do ten repetitions fully overhead.



5. Side-lying external rotation

Continue this exercise from phase one using a one or two pound Weight. 10 repetitions.

6. Prone or bent-over horizontal arm raise

Continue this exercise from phase one using a one or two pound weight.

Theraband Strengthening

These resistance exercises should be done very slowly in both directions. Your goal is to achieve a maximum amount of strengthening while listening to your endpoint of pain. Obviously, we want to strengthen you throughout the full range of motion. It is very important that these exercises be done very slowly, not only when you complete the exercise (concentric), but also as you come back to the start position (eccentric). The slower the motion, the more maximal the contraction throughout a full range of motion.

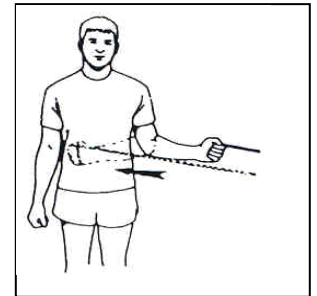
1. External Rotation

Attach the theraband at waist level in a door jamb or other. While standing sideways to the door and looking straight ahead, grasp one end of the band and pull the band all the way through until it is taut. Feet are shoulder width apart and the knees are slightly flexed. The injured elbow is placed next to the side with the injured hand as close to your chest as possible (think of this elbow as being a hinge on a gate). Taking the cord in the injured hand, move the hand away from the body as far as it feels comfortable (at least 90 degrees is our goal), or to where the endpoint of pain limits you. Return to the start position; if you would like, during future repetitions go a few more degrees to work more of a range of motion.



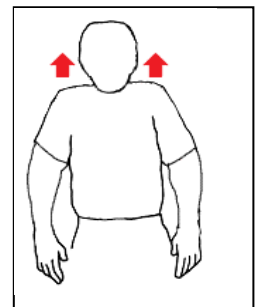
2. Internal Rotation

Attach the Theraband at waist level in a doorjamb or other. While standing sideways to the door and looking straight ahead, grasp one end of the handle and pull the cord all the way through until it is taut. Feet are shoulder width apart and the knees are slightly flexed. The injured elbow is placed next to the side and is flexed at 90 degrees (think of this elbow as being a hinge on a gate). Taking the cord in the injured hand, move the hand toward the chest as far as it feels comfortable, or to where the endpoint of pain limits you. Return to the start position



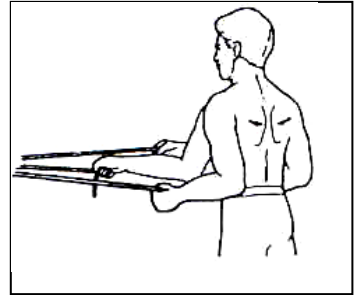
3. Shoulder Shrug

Stand on the theraband with your feet at should width apart and. Look straight ahead. Next, straighten up, keeping the knees slightly flexed, with your arms straight down at the sides (palms in). Slowly raise the shoulders in a shrug (toward the ears), then rotate the shoulders backward in a circular motion, and finally down to the original position. This movement is completed while keeping constant tension on the cord.



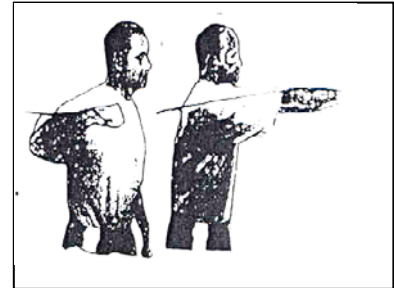
4. Seated / Standing Row

Attach the theraband in a door jamb or other. Sit or stand facing the door. Use a wide flat-footed stance and keep your back straight. Begin with the arms slightly flexed, hands together at waist level in front of your body, thumbs pointing upward, and with the cord taut. You are producing a rowing motion. Pull the cord all the way toward the chest. While pulling the cord, the elbows should be drawn along the side of the body until the hands touch the lower ribs. Always return slowly to the start position.



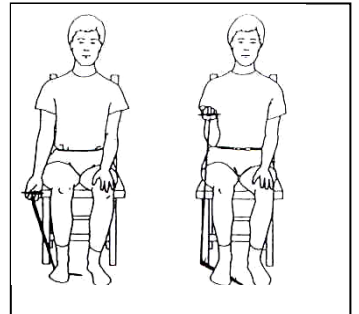
5. Standing Forward Punch

Attach the theraband at waist level in the doorjamb. Facing away from the door, stand in a boxing position with one leg ahead of the other (stride position). Do not bend at the waist and remain in an upright position. If the right shoulder is the injured extremity, you will want to grasp the handle in the right hand and step out until the cord is taut. If you use the right hand, the left foot should be forward in the stride position. Begin with your right arm at waist level and bend the elbow at a 90 degree angle, with the elbow remaining near your side. Slowly punch forward while slightly raising the right arm in a forward, upward punching motion. The hand should reach approximately neck level with the right arm almost straight.



6. Biceps Curls

Place your feet on the cord, shoulder width apart, knees slightly bent. Keeping your elbows close to the sides of your body, slowly bend the arm at the elbow and curl towards the shoulder. Alternate arms while performing this exercise.



Office Visit

Please arrange an appointment with Dr. Gill in 3 months (6 months post-surgery).



Rehabilitation after Shoulder Arthroscopic Capsular Release Surgery

Post-op phase	Sling	Range of Motion	Stretching Exercises	Strengthening exercises	Precautions
Phase 1 0-2 weeks after surgery	Per MD instructions	Pendulum exercises. Supine FF as tolerated. ERN as tolerated. IR behind back. Progress as tolerated	Stretching with physical therapist 3 to 5 times a week Stretch all planes	No	ROM as tolerated
Phase 2 2-6 weeks after surgery	D/C	Begin active-assisted and active ROM per phase 2	All planes Continue stretching with physical therapist as needed	Antigravity elevation Scapulohumeral rhythm	Avoid exercises in coronal plane abduction
Phase 3 6-12 weeks after surgery	D/C	Gradually improve to full ROM all planes	All planes. Continue stretching with physical therapist as needed	Theraband exercises Scapulohumeral Rhythm exercises PRE 1-3 lb.	Continue same as above