



Physical Therapy Protocol – Arthroscopic Capsular Release and Manipulation Under Anesthesia

Diagnosis: R / L Arthroscopic Capsular Release

Date of Procedure: _____

Frequency: 2-3 Times Per Week for ____ weeks, starting 2 weeks following surgery

Weeks 0-6:

- **Sling:** Only for comfort, discontinue as soon as possible
- **Ice:** Use 3-4 times/day in 20-minute intervals for 1 week
- **Range of Motion:**
 - o Pulleys 3-5 times/day
 - o Pendulums
 - o Elbow, forearm, and hand ROM unrestricted
 - o *Aggressive* PROM and capsular mobility in all planes
 - o Supervised PROM and capsular stretching at least 3 times/week
 - o Initiate AROM when tolerated without restriction
- **Exercises:** begin scapular stabilization (protraction, retraction)
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy

Weeks 6+:

- **Range of motion:** full AROM
- **Exercises:** continue Phase 1; begin gentle rotator cuff strengthening; avoid strengthening in positions of impingement
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy