



CAPSULAR RELEASE OF THE SHOULDER Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat

_____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-4 weeks):**

- **ROM:** Passive to active range as tolerated.
- **Sling: 0-2 week:** Worn for comfort only.
2-4 weeks: Discontinue.
- **Exercises: 0-2 weeks:** Initiate outpatient PT according to Rx.
Aggressive PROM and capsular stretching*; closed chain scapula.
2-4 weeks: Continue capsular stretching: PROM, joint mobilization to max tolerance.**
Deltoid, cuff isometrics, begin scapular protraction/retraction.

_____ **Phase II (4-8 weeks):**

- **ROM:** Increase as tolerated to full.
- **Sling:** None.
- **Exercises:** Advance isometrics, rotator cuff and deltoid.*
Advance to therabands, dumbbells as tolerated.**
Continue capsular stretching and PROM.

_____ **Phase III (8-16 weeks):**

- **ROM:** Progress to full motion without discomfort.
- **Sling:** None.
- **Exercises:** Advance strengthening as tolerated begin eccentrically resisted motions and closed chain activities.
Advance to sport and fully activity as tolerated after 12 weeks.

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Name: _____

Date: _____