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Therapist Information and Guidelines

Arthroscopic Capsular Release

This operative procedure is performed to increase range of motion of the gleno-humeral joint. It is carried out for adhesive capsulitis (frozen shoulder).
The contracted anterior capsule is divided and excised arthroscopically. Frequently the patient will have an indwelling brachial plexus catheter or intra-scalene blockade to allow frequent post-operative physiotherapy.
The aim of physiotherapy is to retain motion that has been achieved intraoperatively. Early and active rehabilitation is started as soon as possible post-operatively and carried out frequently during the first few days post operatively whilst the acute inflammatory process and new scar tissue formation are active.

Post Op

From Day 1 - discharge

Commence passive ROM exercises as soon as possible.
Ensure joint is taken through all planes of movement.
Pulley exercises.
When nerve blockade begins to wear off, commence active assisted exercises.
Commence isometric rotator cuff exercises and progress as able.
Teach scapula stabilty exercises
Refer for urgent frequent outpatient physiotherapy follow up.
Encourage patient to continue with HEP independently in order to maintain ROM gained.

Aims of Physiotherapy

Enable maximum ROM to be achieved.
Restore ROM as quickly as possible through passive and active assisted exercise, maintain and improve this range.
Ensure normal movement pattern with ROM.
Improve shoulder strength through a graduated strengthening programme.
Encourage the patient to continue with their home exercise programme independently.
Encourage resumption of ADL's as soon as possible.

Milestones:

6 Weeks: *ROM greater than the pre-op range.*

6 Months: *50% of Intraoperative ROM.*