

Name: _____ Date of Birth: _____

Diagnosis: Shoulder Stiffness Code: M75.0

Procedure: Arthroscopic Capsular Release Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Phase I: Maintain Range of Motion (0 to 6 weeks)

- Patient may remove dressing and shower post-operative day #3
- Sutures will be removed within the first 2 weeks after surgery in the office
- Ice or cold flow systems encouraged for the first week at a minimum
- Sling should be worn for comfort only
- Pulleys or continuous passive motion (CPM) machine to be used 3-5 times a day
- Supplement exercise program 3 times per day:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Pendulum exercises
 - Aggressive PROM and capsular mobility in all planes
- Supervised PROM and capsular stretching 3 times per week.
- May start active scapular mobility exercises immediately.
- Initiate AROM when tolerated.

Phase II: Restore Function (>6 weeks)

- Initiate gentle rotator cuff strengthening (Theraband, dumbbells, etc)
- Continue scapular stabilizer strengthening.
- Avoid strengthening in positions of impingement.

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____