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Rehabilitation Protocol: L / R Shoulder Adhesive Capsulitis

Patient Name: _____ **Date:** _____

Treatment Frequency: 2- 3 times per week , for 6-12 weeks

IMMEDIATE POSTOPERATIVE PERIOD

- Sling for comfort only, D/C sling ASAP, max sling usage 1 wk.
- Maintain range of motion obtain in the operating room:
 - FE: _____ ER: _____ IR: _____
- Modalities PRN
- 1st therapy visit **MUST** be within 1-2 days from the surgical procedure
- Please instruct the patient and, if possible, a family member on proper techniques for home exercises

WEEKS 1 – 6 (Goals: Maintain ROM and Decrease Pain):

- No sling
- PT 3-4x / week
- Progress to full range of motion – no restrictions
- Must not let pain be limiting factor to maintaining motion obtained in the operating room- please consult physician if this is an issue
- Recommend pre-medications prior to PT sessions to maximize visit effectiveness

WEEKS 6 to 12 (Goal: Resume normal function)

- Increase strength with resistive exercises

Send Progress notes

Physician's Signature: _____

(I have medically prescribed the above treatments)

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