

Manipulation Under Anesthesia (with cortisone injection)

Suggested frequency/duration:

5x/week for post-op week 1-2
3x/week for post-op week 3-4
2x/week for post-op week 4+, as needed

Goals of Rehab:

Relieve pain and edema
Restore motion
Strengthen RTC and scapular stabilizers once motion is improved
No restrictions

Phase I (0 – 7 days post-op)

Modalities: prn for pain and inflammation (ice, IFC)
Discontinue sling ASAP

ROM:

- o Use of home CPM as much as possible, as fast as possible

Exercises:

- o Pendulums
- o Pulleys
- o AROM (flexion, abduction, IR, ER)
- o Stretches into flexion, abduction, IR, ER
- o Posterior capsule stretch
- o Posture education (avoid overuse of upper traps; maintaining normal scapulohumeral rhythm)

Manual Therapy:

- o PROM all planes of motion
- o Joint mobilizations for pain control

Phase II (1 week – 4 weeks post-op)

Modalities: Continue prn

Brace: D/C use of sling

ROM: Increase as tolerated

Strengthening:

- o Continue with phase I exercises
- o Progress AROM as tolerated
- o Pec stretch
- o Isometrics (flexion, extension, abduction, IR, ER)
- o Theraband for scapular stabilization (keeping arm below 90 degrees)

Manual Therapy

- o Joint mobilizations (grade I and II) for pain control and to improve arthrokinematics of GH joint

Phase III (4+ weeks)

Strengthening: Continue with phase I and II

- o Progressive strengthening exercises as tolerated
Flexion, Extension, IR, ER, D1, D2
Isometrics



Free Weights
Theraband
Scapular stabilizers
Prone I/T/Y
Theraband
Plyometrics in all
planes of motion, as
needed and as
tolerated

At 6 weeks post-op, can return to
sports, as tolerated

Adapted From:

- 1) SLU Care: The Physicians of Saint Louis University, "Shoulder Manipulation and Arthroscopic Capsular Release Rehab Protocol Prescription"