

PROTOCOL FOR CAPSULAR RELEASE OF THE SHOULDER

This procedure may be carried out for frozen shoulder or if the patient develops extreme tightness in the shoulder following injury or immobilisation.

Please read the case notes to find the amount of movement achieved in theatre.

AIMS OF TREATMENT

- Restore optimum amount of range of movement.
- Correct abnormal posture.
- Correct abnormal movement pattern.
- Diminish pain and inflammation.

In-patient

- Ensure adequate pain relief – patient may have had a suprascapular/scalene nerve block.
- Sling for 24 hours max or until the nerve block has worn off.
- Elbow, wrist and hand exercises.
- Pendular exercises.
- Posture correction.
- Scapular setting in neutral.
- Active assisted / active exercises all ROM.
- Document the ROM achieved in theatre on the physio out-patient referral.
- If the patient has had a scalene block they will have no active movement until it has worn off (up to 24 hrs). In this case, you can demonstrate their full passive range of movement. Ensure they know their exercises for when active movement returns.

Ensure out-patient Physiotherapy appointment within 10 days.

Out-patient – within 10 days

- All exercises as above.
- Encourage active ROM all directions.
- Correct abnormal movement patterns and scapular instability if they have more than 75% of ROM.
- Assess rotator cuff strength. Commence gentle isometric exercises.

2 weeks – 6 weeks

- Ensure optimum ROM is achieved.
- Manual techniques, mobilisations, stretching etc. as necessary
- Rotator cuff strengthening. Closed chain to open chain.
- Functional exercises related to work and sport.
- Ergonomic advice.

Continue as necessary until the post-op ROM is achieved and maintained.

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