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**Arthroscopic Capsular Release for Adhesive Capsulitis or Shoulder Contracture**

Arthroscopic capsular release is performed on patients who have persistent shoulder stiffness that has not responded to a diligent attempt at recovery with stretching exercises. The procedure does not repair tissues and, therefore, the patients do not require protective immobilization with a sling.

Please contact the physical therapy department at (401) 457-1590 if there are any questions. You may also refer to [www.universityorthopedics.com](http://www.universityorthopedics.com) and go to Dr. Green's section to view video of specific shoulder exercises.

The dressing is removed three days after surgery. Leave the steri-strips on the incisions until one week after your surgery. After the dressing is removed you may shower quickly and gently pat your shoulder dry with a clean towel. If there is any drainage or concern about the healing of the incisions do not shower and just gently clean the surface of the shoulder with rubbing alcohol and call the office.

In some cases an analgesic catheter is used to improve pain management after arthroscopic capsular release. The catheter is removed by the patient when they remove their shoulder dressing on the third day after the surgery.

During the first 6 weeks stretching exercises are performed every 2 hours in sets of 5 repetitions holding each stretch for 10 seconds.

**Week 0-6**

Pendulum circumduction (no weights)

Passive self-assisted range of motion: supine forward elevation, supine external rotation, supine cross chest horizontal adduction, standing internal rotation behind back.

Neck ROM

Scapular stabilization with serratus anterior, rhomboid and trapezius contraction.

Begin isometric deltoid, internal rotation, external rotation 4 weeks post-op.

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**Range of Motion Goals Week 6**

	Wk 6
Active forward elevation	>140°
Passive forward elevation	>140°
Active external rotation	40°
Passive external rotation	60°
Passive internal rotation	Lower thoracic

**Week 6-12**

Should have close to full range of motion.

Begin progressive strengthening if range of motion is good. Be careful of synovitis and increased pain associated with strengthening. If range of motion is still limited hold formal strengthening and push range of motion exercises.