ColumbiaDoctors | Orthopedics

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Physical Therapy Prescription for:

label

Diagnosis: ____ Shoulder Adhesive Capsulitis
Surgical Procedure: Arthroscopic Capsular Release & Manipulation Under Anesthesia

Rx: Eval & Treat. 3-4x/week x 6 weeks then 2x/week x 6 weeks

Immediate Postoperative Period

- Sling for comfort only
- Maintain range of motion obtained in the operating room
  - FE: _____ ER:_____ ABD:_____ 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-medication prior to PT sessions to maximize visit effectiveness

Weeks 6 to 12 (Goal: Resume normal function):

- Increase strength with resistive exercises

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