

Shoulder Arthroscopic Capsular Release / Manipulation Under Anaesthetic Rehabilitation Programme

Key messages

- Immediate and regular ROM exercises
- Gain strength through new range
- Encourage correct quality of movement pattern

Time post op	Rehab	Goals / aims
Day 1 – Day Case Surgery	<p>Check post-op notes & specific instructions</p> <ul style="list-style-type: none"> - Immediate active assisted exercises Flexion, Abduction and external / internal rotation with stick/pole/ towel. - Active elbow, wrist and hand movements - Advice on posture & scapular control <p>Sling - for comfort only for 2-3 days</p> <p>Organise outpatient physiotherapy within one week</p>	<ul style="list-style-type: none"> - Procedure range achieved - Physio to document post-op ROM - Driving – after 3-4 week if comfortable and safe & <p>Only if patient can perform emergency manoeuvres safely</p> <ul style="list-style-type: none"> - Work: Sedentary 1 - 2 weeks if comfortable, Heavy – discuss with consultant
OP physio Day 1 onwards	<ul style="list-style-type: none"> - Check range of movement - Continue active assisted exercises - Check analgesia management - Isometric rotator cuff exercises - Scapular stabilisation exercises – movement pattern correction <p>Oxford Score</p>	
1 - 2 weeks onwards	<ul style="list-style-type: none"> - Active full ROM - Strengthening exercises through range – free weights, theraband (amend depending on pain levels) - Proprioceptive exercises - Continue to check quality elevation/abduction movement <p>*If still poor range, continue weekly review</p>	ROM greater than pre-op range
3 - 6 weeks Consultant appointment- 10/12/52	<ul style="list-style-type: none"> - Passive mobilisation techniques (if required) - Progressive strengthening through range - Gym rehab (if appropriate to patient's goals) - Plyometric 	
Complications	Failure to improve ROM Recurrence, biceps injury, cuff injury, nerve injury	
Final goals	Return to work Good functional ROM	<u>Outcome measure</u> Oxford Score