

Altru Advanced Orthopedics

Shoulder Adhesive Capsulitis Protocol

The intent of this protocol is to provide the therapist with general guidelines for initiation and progression of rehabilitation for a patient with shoulder adhesive capsulitis (Frozen Shoulder). It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's rehab. The actual therapy plan of care must be based on the mechanism of injury, physical exam and findings, individual progress, and any complications and/or co-morbidities. If a therapist needs assistance or has questions regarding the progression of a patient they should consult the referring medical provider.

General Educational Information:

- There are 3 phases with Frozen Shoulder, each lasting up to 3-6 months, with the total recovery taking up to 12-18 months at times:
 - Freezing phase: acutely and globally painful shoulder, aggressive stretching can lead to additional discomfort and stiffening
 - Frozen phase: shoulder becomes tighter, but pain becomes less, encourage use of shoulder and gentle stretching exercises
 - Thawing phase: shoulder motion gradually returns, progress stretching as long as motion improves and pain does not increase

Goals:

The patient will:

- Demonstrate independence with a HEP and knowledge of self-management of symptoms
- Increase ROM of all affected motions to equal ROM on unaffected side
- Demonstrate normal postural alignment
- Demonstrate normal UE motion during the gait cycle
- Demonstrate improved shoulder and scapular strength and muscle performance on the affected side

Phase I: Initiation of PT

Therapeutic Exercise:

1. ROM:
 - Pendulum exercises
 - PROM
 - AAROM- tabletop slides, supine neutral ER
 - pulleys within pain free range, standing or sitting
 - AROM
2. Strengthening:
 - Exercises within the pain free range

- Muscle re-ed to regain normal GH and scapulothoracic biomechanics

Manual Therapy:

- Joint mobilizations- grades I-II to inhibit pain and improve joint nutrition
- Soft tissue mobilization as indicated

Modalities:

- IFC/TENS for pain relief as needed
- Moist heat

Patient Education:

- Posture
- Home exercise instruction- to be done 3-4 times/day, avoid forcing motion through pain
- Activity modification
- Do not self-limit use of arm, use the arm as normally as you can with your daily activities

Criteria for progression to Phase II:

- **Shoulder ROM improving**
- **Exercises do not increase pain from baseline level**

Phase II:

General Guideline:

- Can add at least 1 new exercise every 5-6 days if symptoms continue to improve
- If an exercise increases pain or reduces ROM stop this exercise or stay within the range of comfort

Therapeutic Exercise:

1. Continue PROM as needed
2. AAROM/AROM:
 - Continue use of pulleys
 - Wall climbing
 - Supine cane or manually assisted flexion
 - IR behind back
 - Supine ER with abduction- hands behind head stretch
 - Horizontal adduction/posterior capsule stretches
3. Strengthening:
 - Exercises within the pain free range
 - Muscle re-ed to regain normal GH and scapulothoracic biomechanics

Manual Therapy:

- Joint mobilizations- grades III-IV to increase tissue extensibility
- Soft tissue mobilization as indicated

Modalities:

- IFC/TENS for pain relief as needed
- Moist heat

Criteria for progression to Phase III:

- **Shoulder ROM improving**
- **Exercises do not increase pain from baseline level**

PHASE III:**Therapeutic Exercise:**

1. ROM
 - Continue all previous exercises as needed
 - Standing doorway ER
 - Corner or doorway pec stretch
 - IR in abduction/sleeper stretch
2. Strengthening/Proprioception
 - Progress as tolerated and as indicated for remaining deficits
3. Sport/Work specific exercises/activities
 - Progress as tolerated

Criteria for D/C from therapy:

- **Independent with a HEP**
- **ROM of all affected motions equal to unaffected side**
- **Demonstrate normal UE motion during the gait cycle**
- **Shoulder and scapular strength and muscle performance equal to unaffected side**
- **All patient/therapist goals met**