

# Arthroscopy Capsular Release

## Clinical Practice Guideline

### Background

An arthroscopic capsular release is performed to aid in improving mobility in the shoulder when deemed appropriate by the physician. The procedure may also be referred to as a lysis of adhesions. It is important to review the operative report for unique findings during the surgery as well as concomitant procedures that may impact the plan of care. Compliance with the home program is the most important factor to obtain the desired outcome for these patients.

\*\*\*Important Note: Primary goal is regaining shoulder ROM, quick d/c of sling with education on avoiding lifting if biceps tenodesis performed

### Week

1	<ul style="list-style-type: none"> <li>• PT Frequency: 5 days per week, sessions typically 30 minutes (not including vaso)</li> <li>• Sling use NOT PAST 1 WEEK (this includes when biceps tenodesis is performed)</li> <li>• No lifting of object heavier than coffee cup</li> <li>• Vasopneumatic device for pain control</li> <li>• Passive ROM to tolerance</li> <li>• GH joint mobilizations</li> <li>• Home Program Instructions: perform ROM interventions 2-3 times per day</li> </ul>
2	<ul style="list-style-type: none"> <li>• PT Frequency: 4 days per week, sessions typically 30 minutes (not including vaso)</li> <li>• No sling use after first week MAX (this includes if a biceps tenodesis if performed)</li> <li>• Vasopneumatic device for pain control</li> <li>• Passive ROM to tolerance</li> <li>• Rotator cuff isometrics and scapular retraction control interventions</li> <li>• Home Program Instructions: perform ROM interventions 2-3 times per day, add rotator cuff isometrics if appropriate</li> </ul>
3	<ul style="list-style-type: none"> <li>• PT Frequency: 3 days per week</li> <li>• Discharge sling (per physician instructions)</li> <li>• Vasopneumatic device for pain control</li> <li>• Passive ROM to tolerance, add Active-Assisted ROM and Active ROM as tolerated</li> <li>• If ROM is improving, progress to light isotonic rotator cuff strengthening, prone scapular program</li> <li>• Home Program Instructions: perform ROM interventions 2-3 times per day, progress strengthening program as appropriate</li> </ul>
4-8	<ul style="list-style-type: none"> <li>• PT Frequency: determined by clinician</li> <li>• Progress ROM</li> </ul>



	<ul style="list-style-type: none"> <li>• Continue progressing strength and neuromuscular control (rotator cuff program, scap program)</li> <li>• Focus on normalizing scapular mechanics with active elevation</li> </ul>
8+	<ul style="list-style-type: none"> <li>• PT Frequency: determined by clinician</li> <li>• Continue with focus on normalizing ROM mechanics</li> <li>• Progress strength and neuromuscular control interventions</li> <li>• Initiate plyometrics and return to sport activity at <b>12 weeks</b> if appropriate (see plyometric handout on shared drive, refer to criteria to initiate program)</li> </ul>

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#### References

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