Rehab Practice Guidelines for:
Adhesive Capsulitis of the Shoulder

Clinical Decision making

1. IR/ER arc of motion <70°, IR <25°, ER <45°, Abd <75°
   a. Manipulation under anesthesia
   b. Regional scalene block for > 6 hours
   c. Directly from OR to PT
2. IR/ER arc of motion >70°
   a. Distention with manipulation in office
   b. This is not used for the last 15° of motion
   c. Used primarily when ADLs are limited

Procedure Day 1: M.D. Performs procedure in this order:
1. Posterior & posterior inferior glenohumeral joint mobs
2. Horizontal adduction stretch (scapula stabilized)
3. Inferior glenohumeral joint mobs
4. Abduction stretch (scapula stabilized)
5. Flexion stretch
6. Internal rotation @ 90° abduction stretch
7. External rotation @ 90° abduction stretch
8. External rotation @ 0° abduction stretch
9. Horizontal adduction with internal rotation stretch

Expected # of visits: 10-15

Precautions and other considerations

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<tr>
<th>Precautions</th>
<th>None</th>
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<td>Considerations</td>
<td>Increased chance of recurrent adhesive capsulitis with patients who have diabetes. (Due to increased scar formation)</td>
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<td>Overall Goals</td>
<td>ROM full or back to at least 80% of uninolved side and strength great enough to be functional with ADLs</td>
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| At Discharge | Continue stretches 2-3 times a day. If one notices they are getting stiff, and cannot change this in a week after increasing their stretching time, consider a call to the doctor to return to PT.  
   | Also have pt. place mark on wall in Flexion and Abd.  
   | If pt's ROM drops 2 inches below that line, they need to increase stretching and if this does not improve in a week, return to M.D. for prescription for PT  
   | Have patient check every 2-3 weeks. |
# Adhesive Capsulitis of the Shoulder Rehab Protocol

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<th>Timeline</th>
<th>Treatment</th>
<th>Milestones</th>
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<td><strong>Week 1-2</strong></td>
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| Week 1: PT 4-5x/week | - Glenohumeral joint mobs at end range and stretching in order as listed as procedure day 1  
- Ice only for pain (may otherwise increase stiffness)  
- 1st week, (TENS/noxious PRN)  
- After 3 days, moist heat may be used  
- Isolation of glenohumeral motion (i.e. codmans exercises)  
- Pt’s often show guarding with PROM; AAROM may help get the person to relax with ROM | 80% to full ROM & glenohumeral joint mobility |
| Week 2: PT 3x/week | | |
| **Weeks 3-4** | | |
| 1-2x/week | - Continue glenohumeral joint mobs and stretching where needed.  
- IR stretch behind the back  
- Add isometrics and scapular strengthening exercises if near full ROM. | 80% to full AROM, PROM & glenohumeral joint mobility  
- Normal scapulo-humeral meaning no compensations seen with raising arm overhead. |
| **Week 5-6** | | |
| 1-2x/week | - Progress strengthening program to isotonics.  
- Sport/work specific rehabilitation  
- If functional with ADL’s, progress to a HEP of strengthening exercises | Should have 80% or full range of motion and be functional with ADL’s |