Delaware Physical Therapy Clinic

540 S. College Ave., Suite 160
University of Delaware
Newark, Delaware 19713
Ph: (302) 831-8893
Fax: (302) 831-4468

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°
-manipulation under anesthesia
-Regional scalene block for > 6hrs
-Directly from OR to PT
2) IR/ER arc of motion >70°
-distention with manipulation in office
-This is not used for the last 15° of motion
-Used primarily when ADL's are limited

Procedure Day 1: M.D. performs procedure in this order

1) Posterior & posterior inferior gleno-humeral joint mobs
2) Horizontal adduction stretch (scapula stabilized)
3) Inferior gleno-humeral 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° of abduction stretch
9) Horizontal adduction with internal rotation stretch

Precautions: none
-Consideration: increased chance of recurrent adhesive capsulitis with patients who have diabetes. (Due to increased scar tissue formation)

Expected # of visits: 10-15

Week 1-2	**Treatment**	**Milestones**
PT 4-5days/wk for 1 wk 3x/wk for week 2	G-H jt. 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 G-H 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 & G-H jt. mobility

Delaware Physical Therapy Clinic

540 S. College Ave., Suite 160
University of Delaware
Newark, Delaware 19713
Ph: (302) 831-8893
Fax: (302) 831-4468

Week 3-4 1-2x/wk	Continue G-H jt. 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 & G-H jt. Mobility Normal scapulo-humeral meaning no compensations seen with raising arm overhead.

Week 5-6 1 or 2x/wk	Progress strengthening program to isotonics. Sport/work specific rehabilitation If functional with ADL's, progress to a HEP of strengthening exercises	Pt. Should have 80% or full range of motion and be functional with ADL's

Overall Goals: -ROM full or back to at least 80% of uninvolved side and strength great enough to be functional with ADL's

At Discharge -Continue stretches 2-3 times a day. If one notices they are getting stiff, and can not 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 doesn't improve in a week, return to M.D. for prescription for PT.
-Have patient check every 2-3 weeks.