





CAPSULAR RELEASE OF THE SHOULDER

PHYSICAL THERAPY PROTOCOL

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Patient Name:		Date of Surgery:
Evaluate and Treat		Provide patient with home program
Frequency:	x/week	xweeks

	RANGE OF MOTION	SLING	EXERCISES
			0-2 weeks : Initiate outpatient PT according to Rx
PHASE I	Passive to active range as tolerated	0-2 weeks : Worn for comfort only	Aggressive PROM and capsular stretching*; closed chain scapula
0-4 weeks		2-4 weeks : Discontinue	2-4 weeks : Continue capsular stretching: PROM, joint mobilization to max tolerance**
			Deltoid, cuff isometrics, begin scapular protraction/retraction





PHASE II 4-8 weeks	Increase as tolerated to full	None	Advance isometrics, rotator cuff and deltoid* Advance to therabands, dumbbells as tolerated** Continue capsular stretching and PROM
PHASE III 8-16 weeks	Progress to full motion without discomfort	None	Advance strengthening as tolerated begin eccentrically resisted motions and closed chain activities Advance to sport and fully activity as tolerated after 12 weeks

^{*}If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op
**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6
weeks post-op

, , ,	I have examined this patient and physical therapy is vouldwould not benefit from social services.
	Date:
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