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

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<thead>
<tr>
<th>Week 1-2</th>
<th>Treatment</th>
<th>Milestones</th>
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<tbody>
<tr>
<td>PT 4-5days/wk for 1 wk 3x/wk for week 2</td>
<td>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</td>
<td>80% to full ROM &amp; G-H jt. mobility</td>
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<td>Week 3-4</td>
<td>1-2x/wk</td>
<td>Continue G-H jt. Mobs and stretching where needed. IR stretch behind the back. Add isometrics and scapular strengthening exercises if near full ROM.</td>
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<td>Week 5-6</td>
<td>1 or 2x/wk</td>
<td>Progress strengthening program to isotonics. Sport/work specific rehabilitation If functional with ADL’s, progress to a HEP of strengthening exercises</td>
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**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.