



Capsular Release

Phase I – Hospital Admission (Day 1-2)

- The patient will be given a regional nerve block/catheter prior to the surgery.
- Physical therapy (PT) will be initiated following the surgery on the day of surgery, while the patient is admitted.
- The following day, the patient will undergo two more sessions of PT prior to discharge.

Goals:

- Achieve appropriate passive range of motion (PROM)
- Prevent early post-operative stiffness

Precautions:

- No active range of motion (AROM) while block is in effect
- Keep incisions clean and dry

Phase II – Protection (Week 1-6)

- Outpatient PT should commence immediately following discharge from the hospital.
- For the first 2 weeks, there will be 5 PT sessions per week
- Then 4 PT sessions per week for the next 2 weeks
- Then 3 PT sessions per week for the next 2 weeks

Goals:

- Wean from sling
- Full ROM by the end of Week 6

Precautions

- No lifting > 1-2 lbs
- Avoid excessive activity causing inflammation

Criteria for progression to Phase III

- Full active and passive range of motion

Week 1-6

- Focus on stretching and joint mobilization
- Normalize scapular kinematics
- Periscapular strengthening with isometrics or against gravity permitted
- Home exercise program from shoulder stretching 2-3 times daily

Phase III – Strengthening (Week 6+)

Goals:

- Enhance strength and endurance
- Independence with all ADLs
- Gradual return to strenuous work, recreational and sport activities

Precautions

- Gradual progression of strengthening

Week 6+



- Deltoid and rotator cuff strengthening
- Periscapular strengthening
- May initiate interval sports program (if applicable)

Criteria to Return to Sport

- Surgeon clearance
- Pain free shoulder function
- Full strength and endurance of rotator cuff and scapular musculature to task completion
- Adequate active and passive range of motion necessary for required sport/activity
- Greater than 90% strength as compared to the non-operative shoulder