

University of Washington Shoulder and Elbow Service

General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

Surgical Release of Stiff Shoulder – 719.51

Interventions:

in hospital:

Start CPM (continuous passive motion) machine in recovery room

Instruct in, and begin, self-assisted **active assisted** elevation, external rotation, horizontal cross-body adduction, internal rotation up the back, and internal rotation done in side-lying on post-op day 0.

Usual goals of 140⁰ elevation and 40⁰ external rotation. These are goals rather than limits.

May benefit from use of pulley for assisted elevation, particularly if other arm has any weakness. The pulley is also useful for internal rotation up the back.

Graph progress on wall charts.

Review shoulder posture and impact on shoulder flexibility and function.

Provide with written copy of home exercises to be done 5 times/day and that the focus is on flexibility rather than weight-lifting or strengthening at this time.

Biggest challenge throughout the first 6 weeks is to maintain motion gained by procedure.

after discharge:

At 6 weeks, instruct in and begin, lightweight strengthening for shoulder external rotators and internal rotators with arms at sides, lat pull-downs, and scapular stabilizers. If doing well with range of motion, decrease to twice daily stretching. Review shoulder posture and provide any interventions needed.

At 12 weeks, instruct in, and begin, full strengthening program; however, continue to stretch once a day, forever.

Therapy goals (before discharge from hospital):

>140⁰ assisted elevation to allow eventual active overhead reach
40⁰ assisted external rotation to allow eventual progression to full function and
prevention of secondary impairments
independence in home exercise program

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.

Precautions/restrictions:

If deltoid incised, no pushing, pulling, or heavy lifting for 12 weeks; if no deltoid precautions, then no such restrictions, but the emphasis needs to be on stretching rather than strengthening.

long term: avoid repetitive, aggravating overhead activities.

Usual visits to therapist occur at 1 week post-op to monitor motion, give feedback to patient regarding progress of range of motion, shoulder posture, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-16

Duration: 6-20 weeks