

PHYSIOTHERAPY GUIDELINES

Shoulder Arthroscopy & Capsular Release

Indicated for patients with unresolving or very slow resolving frozen shoulders. The presentation for surgery will normally be stiffness rather than severe pain (as in the earlier stages of frozen shoulder). Surgery is performed to try and improve range of movement.

The operation involves:

- a) an examination under anaesthetic (EUA)
- b) a shoulder arthroscopy
- c) a capsular release under direct vision
- d) a manipulation under anaesthetic (MUA) to complete the capsular release and maximise range of movement

CONTRAINDICATIONS

There are no absolute contraindications.

Inpatient:

****Fix outpatient appointment for patient – within 2 days post operation.**

Patient can be rested in a BRADFORD sling in mid flexion/abduction and in lateral rotation until discharged. Aim for maximal comfortable elevation.

Cryocuff or heat if the joint is not hot – may help with pain-relief

Aim to get maximal movement early within the tolerance of pain.

Work on restricted passive lateral rotation (stick exercise) & elevation in particular

Make sure they know exercises and understand need to move joint and keep pain levels down before first physiotherapy appointment.

Outpatient

As soon as possible post-operation – **Main emphasis on maintaining, regaining & improving gleno-humeral mobility achieved at surgery**

- a) lateral rotation stretches, flexion and abduction stretches
- b) hold relax/rhythmic stabilisations – PNF techniques to GH joint
- c) accessory joint mobilisations in 0°& range
- d) see frequently in early post-op stages
- e) check and emphasise home exercise programme
- f) pain relieving modalities (ice/heat – tablets)

Pain will be increased for the first few weeks. However the response to surgery, if it is to occur, is also likely to be seen in the first 6–8 weeks.

Guidelines for returning to activities

Driving within 1 week

Sedentary or light work – off for about 2 weeks.

Manual work may require 4 - 6 weeks off.