



Capsular Release / CAM (Comprehensive Arthroscopic Management)

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone either capsular release or CAM procedure. It is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – PROM during hospital admission (Day 1-2):

The patient will be given an interscalene nerve block prior to surgery. The first visit of physical therapy will begin the day of surgery while the patient is admitted. The morning after surgery, a second nerve block will be given to allow for pain-free passive range of motion with physical therapy prior to discharge that day.

Goals:

- Achieve appropriate PROM
- Prevent early post-op stiffness

Precautions:

- No AROM while block still in effect.
- Keep incisions clean and dry

Phase II – AROM (Day 3- Week 6):

The patient will begin weaning out of the sling and progressing both active and passive range of motion as tolerated. Outpatient physical therapy should commence with 5 visit per week for the first 2 weeks, 4 visits per week for 2 weeks, and 3 visits per week for 2 weeks.

Goals:

- Wean from sling as soon as block has worn off and pain allows.
- Full ROM by the end of post-op week 6.
- Independence with light ADLs

Precautions:

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

Activity:

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

Criteria for progression to next phase

- Full active and passive range of motion.



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Phase III – Strengthening (Week 6+):

Begin strengthening for functional activities. Plan to transition to HEP for independent strengthening when appropriate for patient's occupational and recreational activity level.

Goals:

- Enhance strength and endurance
- Independence with all ADLs

Precautions:

- Gradual progression of strengthening

Activity:

- Deltoid, rotator cuff and periscapular strengthening necessary for return to recreational and occupational activities.