



Orthopaedic Sports Surgeon Tel: 404-575-4500

Capsular Release Physical Therapy Protocol/Prescription

Name:	Date:	
Diagnosis:	Date of Surgery :	
Weeks 0-4:		
 Stop sling use within 3 days Begin using CPM machine at home 1 day post-op as in Focus on ER at 0° immediately Progress full pain-free ROM arc A/AA/PROM no limitat abduction in supine position Work on FF and ABD with stabilization of the scapula. 		
Weeks 4-8:		
 Begin Rotator Cuff and Scapular Stabilization strength tolerated in Pain Free Arc 	ening, begin at 0° and progress to 45°	/ 90° as
Months 3-12:		
 Begin resisted IR/BE (isometrics / bands); isometric – Advance strengthening as tolerated; 10 reps / 1 set p scapular stabilizers Increase ROM to fill with passive stretching at end ra Begin eccentric motions, plyometrics, and closed cha 	er exercise for rotator cuff, deltoid, a	nd
Comments: Frequency: times per week	Duration:	weeks
Signature:		