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REHAB PROTOCOL: ADHESIVE CAPSULITIS (Frozen Shoulder)

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

PLAN

- Outpatient pain medication and modalities – ice, heat, ultrasound, etc
- **Active/Active Assisted (AA)/Passive Range of Motion (PROM)**
 1. No limitations with ROM but emphasize GENTLE PROM to start with.
 2. Work in pain-free arc, but emphasize modalities to stretch.
 3. Pulleys in scaption (patient should be seated and facing the pulleys)
- Rotator cuff and scapular stabilization program exercises, begin at 0deg and progress to 45deg and 90deg as tolerated pain-free but priority is ROM and these exercises should not begin till functional range of motion is achieved.
- Home Exercise program of stretches to be done 3-4 times a day for 15 minutes per session

Precautions:

Hold off till patient regains physiologic shoulder range of motion

No Upper Body Ergometer

No Hand Weights

No Body Blade

Modalities

◇ Heat and Ice

◇ Ultrasound

◇ Iontophoresis

◇ Phonophoresis

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- ◇ Therapists' discretion
- ◇ TENS
- ◇ Trigger point massage

Evaluation and others

- ◇ Teach home exercise program

Comments: Pt received intraarticular glenohumeral steroid injection on _____

Frequency: 2-3 times per week

Duration: 12 weeks

Signature: _____

Date: _____