General Guidelines:

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing a shoulder lysis of adhesions and manipulation under anesthesia. Specific changes in the program will be made by the physician as appropriate for the individual patient

Stage 1 (Day 1-4 weeks):

- *Aggressive* gravity pendulum exercises (5 minutes--4x/day). Cryocuff use encouraged!
- Can wall climb forward and lateral up to 180 degrees 4x/day as tolerated
- Can passively or actively externally rotate up to 40 degrees at side and 90 abduction, progressing up to the ROM of the other side.
- Passive horizontal flexion as tolerated passed straight in front of body.
- If these motions are achieved: 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys.
- Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance.

- Advance to home program or self-directed gym program, upright rows, shoulder strengthening and endurance.

Stage 2 (4-8 weeks):

- Advance to home program or self-directed gym program, upright rows, shoulder strengthening and endurance
- You may monitor this 1-2 x/month and make adjustments
- Patient should avoid overhead activities
- Patient may gradually progress up to lifting, pushing, pulling up to 50% of "normal" load.

Stage 3 (8 weeks and beyond):

- Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks
- Patient may progress to overhead activities by 4 months post-operative.
- Start functional rehabilitation for throwing or other functional rehabilitation programs or work conditioning, as necessary.