

## **Shoulder- Manipulation Under Anesthesia (with cortisone injection)**

### **Suggested frequency/duration:**

- 5x/week for week 1-2 post-op
- 3x/week for weeks 3-4 post-op
- 2x/week for weeks 4+ post-op, as needed

### **Goals of Rehab:**

- Relieve pain and edema
- Restore motion
- Strengthen rotator cuff and scapular stabilizers once motion is improved
- No restrictions

### **Phase I (0 – 7 days post-op)**

- Modalities: prn for pain and inflammation (ice, IFC)
- Sling: D/C ASAP
- ROM:
  - Use of home CPM as much as possible as quickly as possible
- Exercises:
  - Pendulums
  - Pulleys
  - PROM & AROM
  - Stretches, including posterior capsule stretching
  - Posture education
    - Avoiding overuse of upper traps
    - Maintaining normal scapulohumeral rhythm
- Manual Therapy:
  - Joint mobilizations for pain control (grade I-II)

### **Phase II (1 week– 4 weeks post-op)**

- Modalities: Continue prn
- Sling: Discontinue use
- ROM/Strengthening:

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- Continue with phase 1 exercises
- Progress AROM as tolerated
- Pec stretches
- Isometrics
- Theraband for scapular stabilization
  - Keep arm < 90 degrees)
- Manual Therapy
  - Joint mobilizations for pain control & to improve arthrokinematics of GH joint (grade I-II)

### **Phase III (4+ weeks)**

- Strengthening: Continue with phase I and II
  - Progressive strengthening exercises as tolerated
    - Flexion, extension, IR, ER, D1, D2
    - Isometrics
    - Free weights
    - Theraband
    - Scapular stabilizers
    - Prone I/T/Y
    - Theraband
    - Plyometrics in all planes of motion, as needed and as tolerated
- At 6 weeks post-op, can return to sport as tolerated

### **Adapted From:**

- 1) SLU Care: The Physicians of Saint Louis University, "Shoulder Manipulation and Arthroscopic Capsular Release Rehab Protocol Prescription"

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