



POSTOPERATIVE LYSIS OF ADHESIONS AND MANIPULATION UNDER ANESTHESIA PROTOCOL

This protocol is for patients who have had stiff shoulders that did not respond to physical therapy and required a surgical release for restoring motion. Supervised physical therapy is recommended 5x/week for the first 2 weeks, then 3x/week for the next four weeks. Your patient may have an indwelling interscalene catheter block when he/she arrives. The flow rate of the local anesthetic may be turned up before implementing range of motion exercises to make therapy more comfortable, and turned down after the therapy session. The focus should be on restoring range of motion in all planes without limitations. Strengthening can begin after active range of motion is near normal and comfortable.

1. Modalities

Utilized as necessary for pain, inflammation and joint stiffness.

2. Mobilizations

Glenohumeral, Sternoclavicular, scapulothoracic joint mobilization as necessary.

3. Flexibility/ROM

Manual stretching; assisted ROM using pulleys, cane, towel, Air dyne, UBE, Versa Climber, finger ladder, Plyoball exercise, body weight exercises.

4. PRE's

Specific scapular and cuff strengthening exercises, UBE, Air dyne, Versa Climber, Plyoball patterns, Body Blade. When tolerated, add Fitter, slide board, Stairmaster (for protraction, retraction), rebounded, proprioceptive exercises, high-low pulleys, manual resistive exercises, trunk stabilization exercises.

5. Posture Education

Must address cervical (head forward posture), rounded shoulders and lumbar curvatures. Evaluate work environment (i.e., workstation, chair height, keyboard location, repetitive movements). Scapular taping may be beneficial.

6. DME

Breg Shoulder Kit