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Shoulder Arthroscopic Capsular Release Rehabilitation

The following is a basic framework from which to work during rehabilitation following shoulder arthroscopic capsular release, which may be performed in combination with debridement, decompression, distal clavicle excision, and/or biceps tenodesis. Every patient is different, so the time points are just guidelines – the emphasis should be on achieving the milestones of each phase prior to advancing to the next phase. Please feel free to communicate with our office with any questions or concerns.

	Range of Motion	Sling	Exercises
Phase I 0 – 4 weeks	PROM to AROM as tolerated	0 – 2 weeks: worn for comfort only 2 – 4 weeks: discontinue	0 – 2 weeks: Immediate outpatient PT post-op Aggressive PROM and capsular stretching*, closed chain scapula exercises 2 – 4 weeks: Continue capsular stretching, PROM, joint mobilization to max tolerance** Deltoid and rotator cuff isometrics, begin scapular protraction/retraction
Phase II 4 – 8 weeks	Increase as tolerated to full	None	Advance rotator cuff and deltoid isometrics** Advance to Therabands, dumbbells as tolerated** Continue capsular stretching and PROM
Phase III 8 – 16 weeks	Progress to full motion without discomfort	None	Advance strengthening as tolerated Begin eccentrically resisted motions and closed chain activities Advance to sports and full activity as tolerated after 12 weeks

*If distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op.

**If biceps tenodesis is performed, avoid active biceps flexion and eccentric biceps loading for 6 weeks post-op.