



**MIDWEST
ORTHOPAEDICS
AT RUSH**

Post-Operative Rehabilitation Guidelines: Manipulation Under Anesthesia and/or Capsular Release

NOTE: PT 3-5 times per week depending on severity of stiffness

Phase I: Weeks 0-6

1. Encourage HEP provided post-op **in addition to** formal PT – pendulums, elbow/wrist ROM, grip strength
2. **Aggressive PROM (!)** with soft tissue mobilization to the shoulder girdle
3. **ROM goals:** Achieve and keep full PROM with flexion, abduction, IR/ER by 6 weeks postop
4. Grip strengthening
5. **No canes/pulleys** until 6 weeks post-op as these are active-assisted exercises
6. Heat before PT, ice after PT

Phase II: Weeks 6-12

1. Begin AAROM → AROM as tolerated
2. **Goals:** Same as above, but can increase as tolerated
3. Continue aggressive passive stretching at end ranges
4. Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc)
5. Begin strengthening/resisted motions

Phase III: Months 3-12

1. Advance to full ROM as tolerated with passive stretching at end ranges as needed
2. Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
3. Limit strengthening 3x/week to avoid rotator cuff tendonitis
4. Begin eccentrically resisted motions, plyometrics (i.e. weighted ball toss), proprioception (i.e. body blade)
5. Begin sports related rehab at 4.5 months & advanced conditioning as shoulder motion/strength allows
 - a. MMI ~6 months

Important Information

- *Office Hours:* Monday – Friday; 7:30am –4:30pm
- *After Hours/Emergency Contact:* Resident/Fellow – 708.236.2600
- *Central Scheduling:* 708.236.2701 | <https://rushortho.radixhealth.com/dash/self/#/schedule/29>
- *Administration:* Jeannie Taylor – 312.432.2525
- *Physician Assistants:* Sara, Delaney, & Erica – 312.432.2388 | nhopa@rushortho.com

We are in clinic or surgery and not answering calls in real time – we will return all voicemails within 24-48 hours.