

Thermal Capsulorrhaphy

The following is a guideline for the post-operative rehabilitation of an individual who has undergone thermal capsulorrhaphy. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation please don't hesitate to call our office.

MAJOR OBJECTIVES for this rehabilitation are:

1. Respect tissue biology and allow the denatured collagen to heal in a stable fashion.
2. Regain full functional range of motion.
3. Regain full strength.
4. NO active motion until 4 weeks post-op. NO active lifting of the extremity above shoulder level until 6 weeks post-op.
5. NEVER place the arm past neutral horizontal abduction for strengthening exercises.
6. ALWAYS stabilize the scapula when performing strength exercises.
7. ALWAYS have the patient perform 3-5 home exercises based on their most current needs to assist their recovery.

Weeks 1 through 2

1. Use of sling at all times except for passive range of motion exercises consisting of elevation in the scapular plane and ER to 0 degrees with the arm at the side.
2. Modalities as needed.
3. AROM of cervical spine, elbow, wrist, and hand.

Weeks 3 through 4

1. Continue with above program as needed.
2. Sling may be discharged at night time with doctor's approval.
3. PROM:
 - Forward flexion to 90 degrees
 - Abduction to 90 degrees
 - Elevation to 90 degrees
 - ER to 45 degrees with the arm at the side.
4. Active scapulothoracic exercises as tolerated. Maintain the humerus at the side and in the scapular plane.

Weeks 5 through 6

1. Above program as needed.
2. Active shoulder ROM:
 - IR/ER from full IR to ER of 0 degrees
 - Abduction, flexion, elevation to 90 degrees
3. Resisted scapulothoracic exercises as tolerated. Maintain the humerus at the side and in the scapular plane.
4. Isometrics for the rotator cuff and deltoids.
 - ER/IR at the side with a towel roll between trunk and arm.
 - Work sub-max, progress to max as tolerated.

5. Rhythmic stabilization of glenohumeral joint for ER/IR with arm supported in scapular plane. Sub-maximal with scapular stabilization.

Week 7 through 8

1. Above program as needed.
2. Progress PROM in all planes. DO NOT exceed any motion past -15 degrees of full ROM in the contralateral shoulder.
3. Use AAROM (pulleys, canes, etc.) as needed following the same guidelines as PROM.
4. Progress AROM without limitations.
5. Begin passive cross body adduction stretch for the posterior capsule.
6. Begin resistance training for the periscapular, rotator cuff, and other shoulder girdle musculature as tolerated using manual resistance, theratubes, or PREs. Maintain less provocative positions.
 - Scapular plane when possible
 - Arm in 0 to 45 degrees of abduction for ER/IR.
 - Below 90 degrees for deltoids.
7. Dynamic stability exercises in the scapular plane below 90 degrees (Bodyblade or BOING)
8. Sub-maximal manual resistance for ER/IR through a pain-free arc of motion. Arm should be supported and in the scapular plane.

Weeks 8 through 12

1. Above program as needed.
2. Progress strengthening through multi-planar provocative motions as well as PNF patterns.
3. At 10 weeks throwers can begin isokinetic training for ER/IR with the arm supported at about 45 degrees of elevation in the scapular plane.
4. Progress dynamic stability exercises in more provocative planes.

Week 13 through return to activity

1. 2-3 speed isokinetic test for ER/IR and flexion/extension if prescribed by the doctor.
2. Progress strength and proprioception exercises as tolerated.
 - Plyometric throwing exercises as needed. (Based on activity level)
3. Sport specific and work activities as prescribed by the doctor.
4. Return to activity when cleared by the doctor.