

OSWESTRY POST OPERATIVE REHABILITATION GUIDELINE **MANIPULATION UNDER ANAESTHETIC** **ARTHROSCOPIC CAPSULAR RELEASE**

Purpose

To reduce pain and increase ROM at the gleno humeral joint.

Case Profile

Patients with pain and restricted ROM from primary or secondary frozen shoulder

Associated Procedures

Gleno humeral joint injection

Procedure

Under general anaesthetic the gleno humeral joint is taken through full ROM to tear tight capsule. If this is not possible may proceed to arthroscopic capsular release. The tight capsule is released with a radio frequency probe. Most patients will receive an interscalene block whilst under anaesthetic for pain relief which will last approximately 12-36 hours but this will also result in temporary muscle paralysis.

Post Op Protocol Summary

The aim of rehab is to retain the motion gained during the procedure. Early and active rehab is therefore commenced as soon as possible post operatively.

Post op physio appointment within 5 days of surgery

Post Operative Treatment

Day 1

- Postural correction / shoulder girdle exercises
- Wrist / hand / finger exercises
- Passive and active ROM to commence **as soon as possible** through all planes of movement
- Scapula setting
- Ice therapy

NB: Whilst scalene block still effective do not push beyond operative ROM.

Book physiotherapy appointment within 5/7 of surgery.

Day 2 – Onwards

- Progress from level 1 through to level 3 exercises
- Commence scar management at 10 days

Aims

- Restore full ROM (equal to EUA) **as soon as possible** through Passive, Active Assisted and Active exercises
- Improve shoulder strength through a graduated strength programme
- Ensure rehabilitation programme designed to enable return to usual functional and recreational activities
- Advise they must continue with home exercise programme for 6/52 after discharge then gradually reduce providing ROM is maintained

MILESTONES	
ROM = greater than pre op range	6/52
Full ROM achieved	6/12
Pain free functional activities	3/12
Driving	When safe

Treatment Note

If pain starts to increase and night pain worsens with or without loss of ROM a further cortisone injection may be required. Consult Clinical Specialist or Consultant as soon as possible.

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Review Date : June 2021

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