



# ARTHROSCOPIC CAPSULAR RELEASE - SHOULDER



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## Physical Therapy Prescription

\*\*\*Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121\*\*\*

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**Diagnosis:** R / L Arthroscopic Capsular Release shoulder, +/- MUA

**Frequency:** 2-3 times per week for \_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

### PHASE I (0-4 weeks)

**ROM:** Passive ROM + Active ROM to tolerance

**Sling:** 0-2 weeks – Worn for comfort  
2-4 weeks – wean from sling

**Exercises:** 0-2 weeks - Initiate outpatient PT according to Rx, Aggressive PROM and capsular stretching;  
closed chain scapula  
2-4 weeks - Continue capsular stretching: PROM, joint mobilization to max tolerance, Deltoid,  
cuff isometrics, begin scapular protraction/retraction

### PHASE II (4-8 weeks)

**ROM:** Increase as tolerated to full

**Sling:** None

**Exercises:** Advance isometrics, rotator cuff and deltoid  
Advance to therabands, dumbbells as tolerated  
Continue capsular stretching and PROM

### PHASE III (8-16 weeks)

**ROM:** Passive ROM + Active ROM to tolerance

**Sling:** None

**Exercises:** Advance strengthening as tolerated  
Begin eccentrically resisted motions and closed chain activities  
Advance to sport and fully activity as tolerated after 12 weeks

Signature: \_\_\_\_\_

Date:

Stephen G. Thon, MD

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