

Shoulder - Manipulation Under Anesthesia (with cortisone injection)

Suggested frequency/duration:

- 5x/week for week 1-2 post-op
- 3x/week for weeks 3-4 post-op
- 2x/week for weeks 4+ post-op, as needed

Goals of Rehab:

- Relieve pain and edema
- Restore motion
- Strengthen rotator cuff and scapular stabilizers once motion is improved
- No restrictions

Phase I (0 – 7 days post-op)

- Modalities: prn for pain and inflammation (ice, IFC)
- Sling: D/C ASAP
- ROM:
 - Use of home CPM as much as possible as quickly as possible
- Exercises:
 - Pendulums
 - Pulleys
 - PROM & AROM
 - Stretches, including posterior capsule stretching
 - Posture education
 - Avoiding overuse of upper traps
 - Maintaining normal scapulohumeral rhythm
- Manual Therapy:
 - Joint mobilizations for pain control (grade I-II)

Phase II (1 week– 4 weeks post-op)

- Modalities: Continue prn
- Sling: Discontinue use
- ROM/Strengthening:
 - Continue with phase 1 exercises
 - Progress AROM as tolerated
 - Pec stretches
 - Isometrics
 - Theraband for scapular stabilization
 - Keep arm < 90 degrees)
- Manual Therapy
 - Joint mobilizations for pain control & to improve arthrokinematics of GH joint (grade I-II)

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Phase III (4+ weeks)

- Strengthening: Continue with phase I and II
 - Progressive strengthening exercises as tolerated
 - Flexion, extension, IR, ER, D1, D2
 - Isometrics
 - Free weights
 - Theraband
 - Scapular stabilizers
 - Prone I/T/Y
 - Theraband
 - Plyometrics in all planes of motion, as needed and as tolerated
- At 6 weeks post-op, can return to sport as tolerated

Adapted From:

1. SLU Care: The Physicians of Saint Louis University, "Shoulder Manipulation and Arthroscopic Capsular Release Rehab Protocol Prescription"