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## Manipulation Under Anesthesia/Arthroscopic Release

**General** Sling for comfort (discard within a few days)

Advanced rehabilitation protocol as quickly as tolerated Physical therapy to start within 48 hours after surgery

Inpatient therapists: Aggressively stretching in all planes per orders,

stabilizing glenohumeral joint due to anesthesia/decreased motor control Outpatient therapists: Aggressively stretching in all planes (i.e. ER in neutral/90 degrees, posterior capsule, etc.), utilizing manual techniques as needed

(i.e. contract-relax)

**Phase I: Passive** Pendulums to warm-up

Passive range of motion (ROM) and terminal stretching

Supine seated external rotation: Full Supine seated forward elevation: Full

Internal rotation: Full Cross arm push

Internal rotation with towel External rotation in door

Door hang

Behind the head push

90 – 90 external rotation in door Side-lying posterior capsule stretch

**Phase II: Active** Pendulums to warm-up

Progress when passive motion allows active range of motion with terminal stretch

See above exercises

**Phase III: Resisted** Pendulums to warm-up and continue with Phase II

Progress when active External and internal rotation motion allows Standing forward punch

Do not continue Seated rows if ROM declines Shoulder shrugs

Bicep Bear hugs

**Weight Training** 

Per Physical Keep hands within eyesight and elbows bent Therapists Minimize overhead resistance activities

Discretion (No military press, pull down behind head or wide grip bench)