
Manipulation Under Anesthesia/Arthroscopic Release Rehabilitation Protocol

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 stretch in all planes per orders, stabilizing glenohumeral joint due to anesthesia/decreased motor control
- Outpatient therapists: Aggressively stretch in all planes (i.e. external rotation (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 (PROM) 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
- External and internal rotation
- Standing forward punch
- Seated rows
- Shoulder shrugs
- Bicep curls
- Bear hugs
- **Progress when active motion allows range of motion (ROM)**
- **Do not continue declines**

Weight Training (per physical therapists discretion)

- Keep hands within eyesight and elbows bent
- Minimize overhead resistance activities
- No military press, pull down behind head or wide grip bench