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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

*Progress when active  
motion allows  
Do not continue  
if ROM declines*

Pendulums to warm-up and continue with Phase II  
External and internal rotation  
Standing forward punch  
Seated rows  
Shoulder shrugs  
Bicep  
Bear hugs

### 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)