

Protocol R4
Non-Operative Rehabilitation Program for
Frozen Shoulder (Adhesive Capsulitis)

Phase I: Motion Phase (0-6 weeks)

GOAL:

- Full, painless passive and active shoulder range of motion (ROM).

ANCILLARY MEASURES:

- Use pain medications as needed.
- Use moist heat modalities before exercises; use ice after exercises.

EXERCISES:

- **Codman's Pendulum:** Stand adjacent to a chair or table and bend slightly at the waist. Support your body weight by leaning on the chair or table with the opposite arm. Let the full weight of the affected arm hang freely. Gently swing the affected arm forward and back, side to side as tolerated for 15 seconds. Progress to 3-5 minutes. Repeat 5 times each day.
- **Stick Exercises:** Using a stick, cane or yard stick, perform passive ROM in flexion, extension, abduction, external and internal rotation. Repeat 5 times per day, 10 repetitions.
- **Passive Forward Flexion:** Use a therapy helper or your opposite arm to gently raise arm up in front. Start with your affected arm at your side and passively bring your hand to mouth, then forehead, then top of head. Repeat 5 times per day, 10-15 repetitions. Progress to active forward flexion.
- **Wall Climb:** Face a wall with hands out in front of body, touching the wall. Gradually use fingers to climb the wall, slowly raising the arms. At the peak, hold for 15-30 seconds. Complete 10-15 repetitions, repeat 5 times per day.
- **Posterior Shoulder Capsule Stretch:** Bring affected arm across body to feel the stretch in the back of the shoulder. Hold for 15-30 seconds, 5 repetitions, 5 times per day.
- **Supine Overhead Stretching:** Begin in a supine position (lying flat on bed). Grip a stick with both hands. Raise the stick slowly overhead as tolerated. Hold for 5 seconds, 10-15 repetitions, repeat 5 times per day.
- **Overhead Pulley:** Secure overhead pulley in doorway. Grasp both handles. At first, pull down on the normal or unaffected side while the stiff shoulder is relaxed (passive motion). Progress to active motion of the stiff shoulder, 10-15 repetitions, repeat 5 times per day.
- **Active Range of Motion:** Without the use of a therapy helper or the opposite arm, raise up affected arm in flexion, extension, abduction, external and internal rotation. Push to peak so as to gradually increase motion, 10-15 repetitions, repeat 5 times per day.
- **Isometrics:** Shoulder flexion, extension, abduction, external and internal rotation isometrics are encouraged. Shoulder shrug exercise as tolerated. Elbow flexion isometrics may be initiated.

PRECAUTION:

- Therapist should suspend therapy and send the patient back to our office if passive ROM of the shoulder fails to improve or plateaus during three successive therapy sessions.

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Phase II: Motion and Strengthening Phase (7-12 weeks)

GOALS:

- Maintain full range of motion.
- Improve strength.

ANCILLARY MEASURES:

- Use pain medications as needed.
- Use moist heat modalities before exercises.
- Use ice after of exercises.

EXERCISES:

- **Continue all stretching exercises from Phase I.** Maintain full active and passive ROM. Do not proceed to isotonic strengthening of the shoulder until full passive ROM has been achieved.
- **Isotonic Strengthening w/Therabands:** Secure the theraband to a doorknob or hook so that you may stretch the band until you feel resistance. Start using low resistive theraband, 5 repetitions, 3 times per day. Gradually increase repetitions to achieve 20 repetitions per exercise, 3 times per day. Then graduate to more resistive theraband and begin with 5 repetitions and repeat process, gradually increasing repetitions per exercise per day. Strengthening exercises should include shoulder flexion, extension, abduction, external rotation and internal rotation.
- **Isotonic Strengthening w/Free Weights:** Progress to light free weights (not more than three pounds) after therabands have been used.
- **Aggressive Stretching:** Self stretching may helpful prior to strengthening exercises. Stretch in adduction (posterior capsule), external rotation and internal rotation (using towel or belt behind back) to maximize range of motion.

PRECAUTION:

- Therapist should suspend therapy and send the patient back to our office if passive or active ROM of the affected shoulder fails to improve or plateaus during three successive therapy sessions.