

SHOULDER CAPSULAR RELEASE PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

PT/OT 2-3 visits per week for 8-10 weeks

Immediate Postoperative Period: First 5-7 days (Goal: Prevent stiffness)

- Physical Therapy 1-2 times daily
- Sling for comfort only. Discontinue first 1-2 days.
- PROM to full
- AAROM (wand, self-stretch)
- Ice 3-4x daily

7 Days-2 Weeks (Goal: Maintain Full ROM)

- Upper body exxcises as tolerated
- AROM
- Ice following exercises

2-6 Weeks (Goal: Strengthening)

- PRE: hand weights or theraband resistance within pain-free ROM
- Impingement exercises
- Scapulothoracic exercises
 - Wall push-ups, supine punch-ups
 - IR and ER
 - Rowing, Shrugs, Press-ups
 - Prone scapular retraction with horizontal abduction
- Resume sport specific activities (progression toward full activity)

Signature _____ Date _____

Renew Therapy _____ Date _____