



Adhesive Capsulitis Rehabilitation Program

The patient is treated based on the identification of the stage of adhesive capsulitis there are in at the time of treatment

Stage I: Acute Phase: synovitis present - painful

Stage II: Subacute Phase: synovitis with motion restriction

Stage III: Maturation Phase: no synovitis but gross restrictions

Stage IV: Chronic Phase: Gross capsular restrictions and thickening

I. Acute Phase – Synovitis Stage

Goals: Reduce inflammation & synovitis

Reduce pain

Prevent shoulder stiffness from developing

Improve shoulder ROM

Maintain glenohumeral joint capsular mobility

Maintain/ improve shoulder strength

Exercises:

- Frequent bouts of easy & light ROM easy – perform 5 min – 10x daily
- AAROM L-bar flexion to tolerance
- AAROM ER/IR at 45 degrees of abduction to tolerance
- Progress to ER/IR at 90 degrees of abduction to tolerance
- Light weighted Pendulum
- Rope & pulley flexion
- Heat applied to shoulder prior to treatment may be beneficial
- Grade I & II joint mobilizations
- Self stretching – doorway stretches
- Self mobilizations – especially inferior glides with towel
- Light isometrics for GH & ST joint muscles
- Rhythmic stabilization drills performed for ER & IR
- Pool exercises may be beneficial
- NSAID or injection may be beneficial
- Perform postural stretching& postural exercises

II. Subacute Phase – Synovitis with capsular restrictions

Goals: Reduce inflammation & pain

Reduce any residual synovitis

Improve shoulder motion

Improve glenohumeral joint capsular mobility

Enhance shoulder strength

Exercises:

Continue exercises listed above – initiate following:

- Sustained postural & positional stretching –
- (sustained stretch for 5-7min)
- Initiate more aggressive ROM & stretching
- Joint mobilizations – Grades III & IV
- (esp for inferior GH joint capsule & lateral glides)
- Mobilize in direction of capsular restriction
- Perform AROM
- May need to perform scapular mobilization & stretching

- Perform scapular strengthening exercises
- Continue all AAROM & PROM exercises with L-bar & rope & pulley
- Continue stabilization drills

III. **Maturation Phase - Capsular restrictions present**

Goals: Improve capsular mobility
Improve glenohumeral joint ROM
Normalize posture
Maintain shoulder strength & function

Exercises:

Continue above listed exercises that appear to be beneficial

- Emphasize joint mobilizations:
 1. Especially inferior glides
 2. Also anterior – posterior glides
- Continue with self joint mobilizations techniques
- Continue with AAROM, PROM, & self stretching
- Continue with light strengthening exercises to maintain mobility & shoulder strength
- Continue sustained postural stretching
- Soft tissue mobilization esp about scapular
- May consider home application of sustained stretching

IV. **Chronic Phase – Gross capsular restrictions & loss of capsular volume**

Goals: Improve GH joint capsular volume, mobility & elasticity
Improve shoulder function
Enhance shoulder strength

Exercises:

- Because of extensive capsular restrictions & adhesions Rx changes-
- Initiate low load long duration stretches
- Emphasize plastic deformation of tissue (TERT Principle)
**LLLD performed minimal of 60 min per day*
- Initiate multi-planar joint mobilizations
- Initiate combined glides
- Initiate joints with passive motion
- Continue all exercises listed above
- Patient may swim, perform aquatic exercises, golf swings etc...
- Patient instructed to perform postural stretches & positional stretches
- Continue with light strengthening & functional movements
- Soft tissue mobilization
- May consider home application of LLLD with device or theraband