

## OUTPATIENT POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

### Distension, manipulation under anaesthetic and arthroscopic capsular release (of the shoulder )

Indicated for patients with un-resolving or very slow resolving frozen shoulders with marked functional limitations. The presentation for surgery will normally be stiffness rather than severe pain (as in the earlier stages of frozen shoulder). Surgery is performed to try and improve range of movement. Usually hydrodilatation will usually have been tried previously.

Normally the joint:

- a) Will be examined under anaesthetic (EUA)
- b) Arthroscope introduced (visualisation of the joint)
- c) Saline pumped in under pressure to 'distend' the capsule
- d) Manipulation or forced passive stretch to Gleno-humeral joint range (Manipulation Under Anaesthetic – MUA)
- e) Arthroscopic Capsular Release - release of contracted capsule with arthroscopic instruments. Most prominent contracted tissues are usually anterior (limits external rotation) and inferior

### General guidelines for rehabilitation

**\*\*\*Fixed outpatient appointment for patient – within 2 days post operation.\*\*\***

Aim to get maximal movement early within the tolerance of pain.

Ensure the patient knows the exercises and understands the need to move joint and keep pain levels down before first physiotherapy appointment.

### Advice on Return to Activity

- **Driving:** When adequate ROM and safe to control the car. Able to react in the event of an emergency i.e. able to perform an emergency stop. Usually within 1 week
- **Work:** Those in desk based roles should be able to return to work when comfortable and able to perform duties. Usually within 1 week. Those in more manual work may require up to 2 weeks off.

Aims	Suggested Treatment
<ul style="list-style-type: none"> <li>• Pain well controlled</li> <li>• Get maximal movement early within the tolerance of pain.</li> <li>• Ensure patient is confident, competent and completes home exercise programme regularly</li> <li>• Encourage general activity ie. Functional tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate OP physiotherapy appointment made for approx. 2/7 time.</li> <li>• Elbow, Neck &amp; Wrist ROM exercise</li> <li>• Work on restricted passive lateral rotation and elevation in particular include :               <ul style="list-style-type: none"> <li>○ External rotation stretches</li> <li>○ Flexion</li> <li>○ Abduction stretches</li> </ul> </li> <li>• Accessory mobilisations in 0° and range</li> <li>• Use of ice/heat/analgesia for pain relief</li> <li>• Consider exercise in water?</li> <li>• Hold relax/ Rhythmic stabilisations – PNF technique to the GH joint</li> <li>• See patient frequently in early post-op phases</li> </ul>

Restrictions	Key Milestones to Achieve
<ul style="list-style-type: none"> <li>• No absolute contraindications</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure patient aware of importance of exercise in optimising outcome of surgery.</li> <li>• Pain controlled</li> <li>• Exercises four to five times a day</li> <li>• Pain will increase for the first few weeks. However the response to surgery, if it is to occur, is also likely to be seen within the first 6-8 weeks</li> </ul>

## References

Rangan A, Goodchild L, Gibson J et al (2015) BESS/BOA Patient Care pathways. Frozen Shoulder . Shoulder and Elbow 7(4) 299-307

Lewis J. Frozen shoulder contracture syndrome - Aetiology, diagnosis and management. Manual therapy. 2015;20(1):2-9.

Rangan A, Hanchard N, McDaid C. What is the most effective treatment for frozen shoulder? Bmj. 2016;354:i4162.

Jones S, Hanchard N, Hamilton S, Rangan A. A qualitative study of patients' perceptions and priorities when living with primary frozen shoulder. BMJ open. 2013;3(9):e003452.

Holt, M, Gibson, J. & Frostick, S. 'GOST3: Guide for Orthopaedic Surgeons and Therapists'.  
3<sup>rd</sup> Ed, Liverpool Upper Limb Unit and South Manchester University Hospitals Trust, Biomet-  
Merck.

Kibler, W B, McMullen, J and Uhl, T (2001). 'Shoulder rehabilitation strategies, guidelines  
and practice', Orthopedic Clinics of North America, 32, 3, 527-538.

[http://mail.bess.org.uk/application/files/9914/8127/3402/Frozen\\_Shoulder.pdf](http://mail.bess.org.uk/application/files/9914/8127/3402/Frozen_Shoulder.pdf)