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**ORTHOPAEDIC SPORTS MEDICINE**

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**Arthroscopic Lysis of Adhesions / Manipulation Under Anesthesia**

Post operatively, therapy must begin within 24-48 hours of surgery. The goal is to restore motion to that which was achieved intraoperatively. Early therapy is sometimes uncomfortable, and it is important to find the limit of your motion, and gently push what is comfortable and tolerable. Do not perform any high velocity range of motion, slow and steady is best.

**PHASE I Begin immediately post op (0-4 weeks)**

- Sling use only as needed for comfort
- Work on ROM within the limits of “tolerable discomfort”
- Passive Range of Motion (PROM) and Active Range of Motion (AROM) to full
- Aggressive stretching all planes: forward elevation, external rotation, neutral, 90° abduction, internal rotation, posterior capsule, cross-arm adduction, under chin/behind head - Begin Phase I in the supine position for elevation and external rotation, and progress upright
- Daily NSAIDS recommended as tolerated
- Formal physical therapy at least 3-4 times per week for 2 weeks

**PHASE II Active range of motion with terminal stretch (4-8 weeks)**

- Range of motion should be near full, if not, continue with PHASE I until it is
- Begin adding isometric strengthening (IR, ER, and Scapular stabilization)
- Resistance bands begin 2 weeks after the start of phase II
- When Phase II initiated, return to supine for elevation and progress to upright
- Continue emphasis on all above stretches
- Progress as tolerated

**PHASE III Resisted plus continue Phase I/II (8-12 weeks)**

- Continue strengthening and functional shoulder use
- Increase resistance and sports specific exercises if indicated
- Work simulation exercises can begin at 14 weeks
- Work hardening exercises at 20 weeks