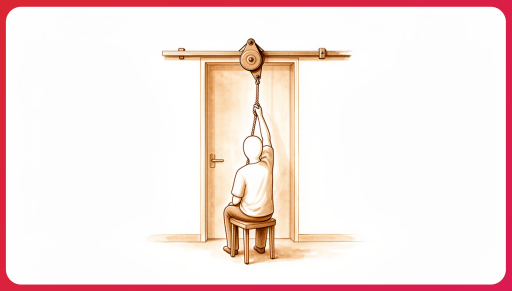
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Capsular Release



Restoring range of movement after a capsular release for a stiff shoulder.

This protocol covers the rehabilitation after arthroscopic capsular release with Dr Kieran Hirpara at Mater Private Hospital Rockhampton — what happens in hospital and in the first days afterwards. Bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated. Your rehabilitation is progressed individually by your physiotherapist through the phases below, depending on how your shoulder progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

Capsular release is an operation for shoulder stiffness (frozen shoulder), so early rehabilitation works differently from most shoulder surgery: the aim is to keep the shoulder moving from the start. The sling is only worn for comfort and should be left off as much as possible — you do not need to sleep in it — and you should move and use your arm as much as possible from the beginning.

Your exercise program uses three kinds of movement, and your team will mark which apply to you:

- **Active range of motion** — movement is allowed without aid or help.
- **Active-assisted range of motion** — using the other arm or an object to assist with moving the arm.
- **Passive range of motion** — completely relaxed, using the other arm or force to do 100% of the work.

Early rehabilitation in hospital

A physiotherapist will see you in hospital and start you on the exercise program below before you go home. The general advice from your inpatient sheet:

- Use ice for pain relief if needed.
- When wearing your sling, relax your shoulder and let the sling take the weight of your arm.
- The sling is only to be worn for comfort, and should be left off as much as possible. You don't need to sleep in the sling.

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- Move and use your arm as much as possible.
- Aim for physiotherapy sessions at least twice a week for the first six weeks.
- It is advisable to wear the sling when out of the house, to prevent people banging into your arm.
- Take your painkillers before you do your exercises, and before your physiotherapy appointments.
- Unless you have chosen to arrange your own physiotherapy, an appointment has been made for you and is detailed in your discharge pack.
- If you have any problems, contact the office or let your physiotherapist know.

For your physiotherapist:

Management

- Confirm the prescribed movement types (active / active-assisted / passive range of motion) as marked on the inpatient sheet
- Home exercise program as per the cards below: wrist, hand and finger movement; elbow bends; pendulums (passive); assisted forward flexion (sitting or lying); assisted abduction; external rotation; lower trapezius setting; upper trapezius and levator scapulae stretches
- Physiotherapy sessions at least twice a week for the first six weeks
- Analgesia before exercises and physiotherapy sessions
- Cryotherapy for pain relief as needed

Precautions

- External rotation: from the sling position to pointing straight in front only – no further outwards
- Pendulums are performed as a passive exercise – the arm stays relaxed
- Sling for comfort only; encourage early movement and use of the arm

Your outpatient rehabilitation

After capsular release, rehabilitation works in the opposite direction to operations that repair a tendon. There is no repair that needs protecting – the operation's result is movement, and the job of rehabilitation is to keep it. The shoulder is most at risk of stiffening again in the first weeks, so physiotherapy starts straight away, stays frequent, and continues for some months until your range is stable. The phases below follow the pattern of published rehabilitation protocols for this operation (the sources are listed at the end of this page). The week ranges are typical rather than fixed – your physiotherapist will progress you on how your shoulder is moving, not on the calendar.

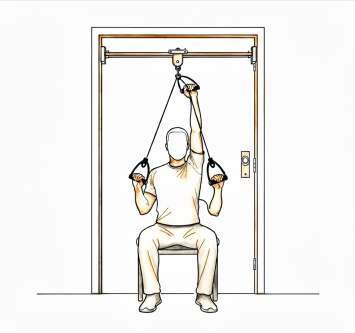
The journey at a glance:

- **Phase I – Early rehabilitation** – roughly the first two weeks (the program above, continued at home)
- **Phase II – Keeping and restoring your range** – week 2–6

- **Phase III – Strengthening** – week 6–12
- **Phase IV – Return to full activity** – week 12 onwards

By about three weeks, movement below shoulder height usually becomes more comfortable and most of your range is back, although the arm is often still uncomfortable overhead. By about three months most people find their symptoms have largely settled, and improvement typically continues for six to nine months – sometimes up to a year.

Phase II – Keeping and restoring your range (Week 2–6)



Over-door pulley

Sit under an over-door pulley with a handle in each hand. Pull down with the non-operated arm to raise the operated arm overhead as far as is comfortable, then lower slowly. Stretch to the point of firm discomfort, not severe pain.

Stretching program 3–4 times daily

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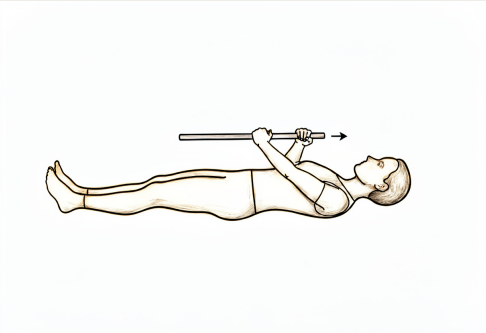

Assisted external rotation with a stick

Lie on your back with your elbow by your side and bent to 90 degrees. Hold a stick in both hands and use the non-operated arm to push the hand of the operated arm outwards as far as is comfortable, then return. Stretch to firm discomfort, not severe pain.

Stretching program 3–4 times daily

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Behind-the-back internal rotation

Hold a towel behind your back with the operated hand below, and use the upper hand to draw the lower hand up your back as far as is comfortable, then release. Stretch to firm discomfort, not severe pain — the discomfort should ease soon after the stretch.

Stretching program 3–4 times daily

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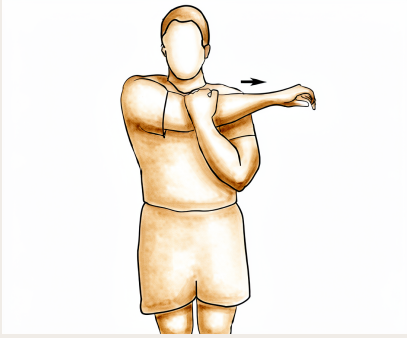

Cross-body stretch

Use your non-operated hand to draw the operated arm across your chest until you feel a firm, tolerable stretch at the back of the shoulder, then release. Stretch to firm discomfort, not severe pain.

Stretching program 3–4 times daily

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This phase carries on what started in hospital: frequent physiotherapy and a home stretching program done several times a day, so that the movement won at surgery is not lost. Your exercises progress from assisted movements towards moving the arm actively in all directions. Good pain control is what makes the stretching possible — keep taking your pain relief before your exercises and physiotherapy sessions. Many people find heat before stretching and ice afterwards helpful. Use the arm for normal light daily activities such as washing, dressing and eating.

For your physiotherapist:

Goals

- Maintain and consolidate the range of motion achieved at surgery
- Progress from assisted to active range of motion in all planes
- Settle pain and inflammation
- Independence with activities of daily living

Management

- Physiotherapy typically 2–3 sessions per week, in keeping with the practice's request of at least twice-weekly sessions for the first six weeks
- Home stretching program typically 3–4 times daily: pendulums; assisted elevation (supine, or with a pulley, cane or wand); assisted external rotation with a stick; behind-the-back internal rotation; cross-body stretch
- Analgesia before sessions; heat before and ice (15–20 minutes) after stretching, as preferred
- Manual therapy and glenohumeral joint mobilisation as indicated, for range and for pain modulation
- Continue scapular setting and postural work

- From around week 4, gentle isometric rotator cuff and deltoid work with the arm at the side, provided range is being maintained

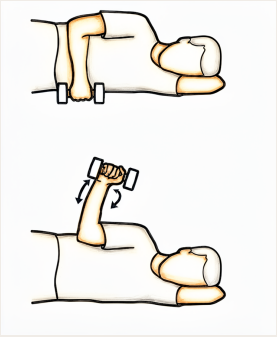
Precautions

- Stretch to the point of firm discomfort, not severe pain — do not force severely painful movement, and discomfort should ease soon after the stretch
- No heavy lifting or forceful pushing and pulling; keep lifting light (no more than a few kilograms)
- No weight-bearing through the hands (pushing up from a bed or chair)

Criteria to progress

- Range achieved at surgery maintained or improving, with movement below shoulder height comfortable
- Pain settled enough to tolerate active exercise and the start of resistance work

Phase III — Strengthening (Week 6–12)



Side-lying external rotation (light weight)

Lie on your non-operated side with the operated elbow bent to 90 degrees and tucked against your side, holding a light weight (around 0.5–1.5 kg). Rotate the forearm upwards, then lower slowly — the slow lowering is the important part. Keep the work below shoulder height and within a comfortable range.

2–3 sets of 10–20 repetitions, low load

With your range stable, attention turns to rebuilding the strength of the shoulder. Daily stretching continues throughout this phase — strengthening must not come at the cost of the range you have worked for. Resistance work starts gently, using elastic bands and light weights for the rotator cuff and shoulder blade muscles. Normal daily activities should be largely back to usual, and lighter recreational activities typically resume during this phase, as guided by your physiotherapist.

For your physiotherapist:

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Goals

- Full active range of motion in all planes, without discomfort
- Graduated restoration of strength, endurance and neuromuscular control

Management

- Continue daily stretching and range-of-motion work in all planes
- Progress from isometrics to elastic-band and then light-weight strengthening for the rotator cuff, deltoid and scapular stabilisers — low load, higher repetitions (for example 2–3 sets of 10–20)
- Rotation strengthening initially below shoulder height, with an eccentric emphasis
- Light free weights from around 0.5–1.5 kg, progressing as tolerated
- Graduated return to normal daily and functional activities

Precautions

- Avoid forceful pushing, pulling and heavy lifting while strength recovers
- Resistance work stays within the comfortable range and should not provoke pain that lingers
- Avoid sustained, repetitive overhead activity until around three months

Criteria to progress

- Full, or near-full, pain-free active range of motion with minimal tenderness
- Strengthening tolerated without flare-up of pain or loss of range

Phase IV — Return to full activity (Week 12 onwards)

The final phase is a graduated return to heavier work, overhead tasks and sport. Formal rehabilitation typically runs three to four months in total, and the shoulder keeps improving well beyond that — most people continue to gain comfort and confidence for six to nine months, sometimes up to a year. It is worth keeping up a short stretching routine until your range looks after itself without formal exercises.

For your physiotherapist:

Goals

- Graduated return to strenuous work, overhead activity and sport
- Maintain full range of motion in the long term

Management

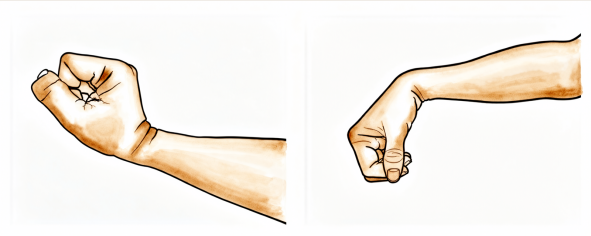
- Continue strengthening and stretching, advancing gym- and sport-specific work as tolerated
- Stage the return to throwing and other overhead sport

Precautions

- Progression remains symptom-guided — if stiffness or pain recurs, ease back and restore range first

These are the exercises from your inpatient sheet, started in hospital and continued at home as guided by your physiotherapist.

Your exercises



Wrist movement

Keep your hand moving by bending your wrist forwards, backwards and side to side.

10 times, 3 times per day

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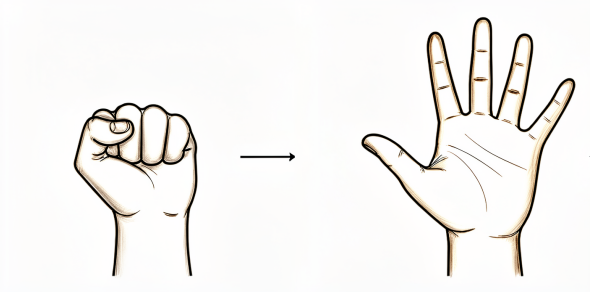

Open and close hand

Keep your hand and fingers moving by opening and closing them, or by squeezing a stress ball.

10 times, 3 times per day

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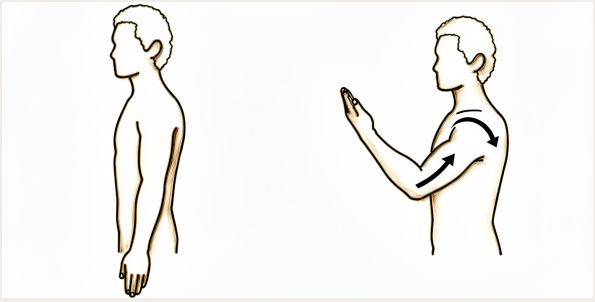

Elbow bends

Bend and straighten your elbow.

10 times, 3 times per day

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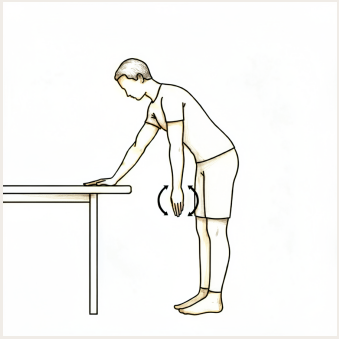

Pendulums

This is a passive exercise. Lean forward and let your arm relax down. Use your body to move the arm gently either clockwise or anti-clockwise, along with forwards, backwards and side to side.

About 30 seconds each way, 3 times per day

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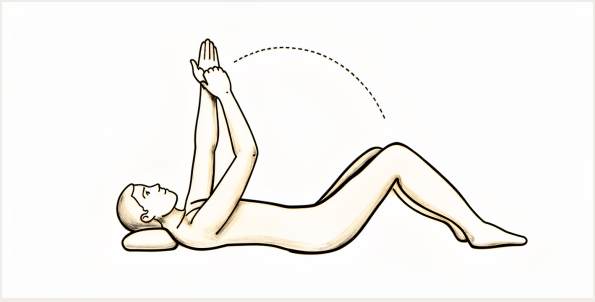

Assisted forward flexion (sitting)

Sitting on a chair and leaning forward, cradle your operated arm with the other arm and gently move your arm upwards in front of you. Lower it back down with the assistance of your non-operated arm.

10 times, 3 times per day

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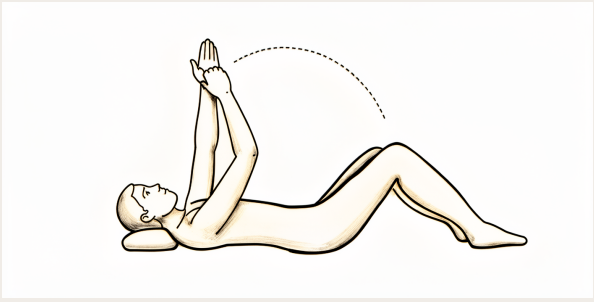

Assisted forward flexion (lying alternative)

If you prefer, you can instead lie on your back in bed and use your non-operated arm to help the operated arm upwards.

10 times, 3 times per day

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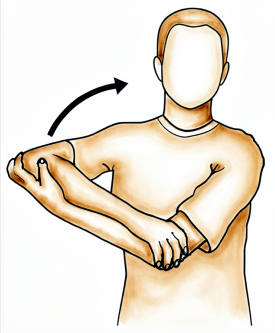

Assisted abduction

Sitting on a chair and leaning forward, cradle the arm again and help it out to the side (like rocking a baby).

10 times, 3 times per day

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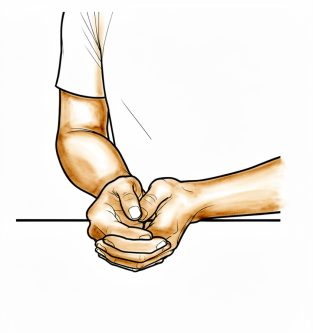

External rotation

Sitting on a chair, only move your arm from where it would be in the sling to pointing straight in front of you. Do NOT go further outwards.

Gently, 10 times, 3 times per day

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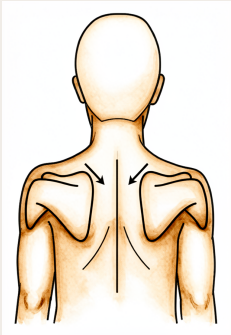

Lower trapezius setting

Squeeze your shoulder blades downwards and together.

Hold 5 seconds, 5 times; repeat 3 times daily

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Upper trapezius stretch

Use your non-operated arm to bring your ear towards your shoulder, away from the operated side.

Hold 10 seconds, 3 times; repeat 3 times per day

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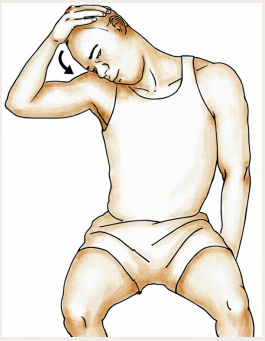

Levator scapulae stretch

Use your non-operated arm to bring your nose towards your nipple or armpit area.

Hold 10 seconds, 3 times; repeat 3 times per day

After your protocol

The outpatient phases above are adapted from published rehabilitation protocols for arthroscopic capsular release — Massachusetts General Hospital Sports Medicine, Saint Louis University Department of Orthopaedic Surgery, Raleigh Orthopaedic Clinic and ShoulderEducation.com, with recovery milestones from ShoulderDoc (UK). The week ranges are typical rather than fixed, and your ongoing rehabilitation is guided individually by your physiotherapist, working with the practice, based on how your shoulder movement recovers. This page works alongside the practice's general recovery advice — see managing post-operative pain and wound care. For the operation itself and the condition it treats, see capsular release and frozen shoulder.

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