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Physical Therapy Prescription – Adhesive Capsulitis (Nonoperative Treatment)

Name: _____ **Date:** _____

Diagnosis: R / L shoulder adhesive capsulitis

Frequency: 2-3 times per week for _____ weeks, with emphasis on home exercise/stretching program

- **Range of Motion:** AROM, AAROM, and PROM – no limitations
 - Focus on IR and ER at 90° ABD in supine position
 - Try to preserve as much IR and ER as possible
 - Emphasize GENTLE PROM to start
 - Work in pain-free arc, but emphasize modalities to stretch
 - Work on full flexion and abduction - emphasize glenohumeral motion, block scapulothoracic motion with abduction / flexion from 0-80°
- **Strengthening:** rotator cuff and scapular stabilization program exercises, begin at 0° and progress to 45°/90° as tolerated pain-free
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat, ice, etc
 - Apply modalities with shoulder at end range (comfortable) position (not arm at side)
- Home Exercise program of stretches → to be done 3-4 times a day for 1-15 minutes per session

Signature: _____

Date: _____