

Physical Therapy Prescription – Capsular Release Rehab Protocol

Name: _____

Date: _____

Procedure: R / L

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I(Weeks 0 – 2): decrease edema

- **Range of Motion:**
 - Day 1-3: Range of motion to tolerance. (elbow flex/ex) (2 sets of 10/hr)
Overpressure into extension (at least 10 degrees)
Joint Mobilization. Gripping with putty. Isometrics for wrist/elbow. Compression/
ice hourly
 - Day 4-9: Range of motion ext/flex at least 5-120. Overpressure into extension 4-5
times daily. Joint mobilization. Continue isometrics and gripping. Continue use of
ice
 - Day 10-14: Full passive range of motion. ROM exercises (2 sets of 10) hourly.
Stretch into extension. Continue isometrics and ice.
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice
(after)

Phase II (Weeks 2 – 4)

- **Range of Motion:** Full
 - Exercises 4-5 times daily
 - Overpressure into extension - Stretch for 2 minutes 3-4 times daily.
 - Initiate PRE program (light dumbbells) elbow ext/flex
 - Wrist ext/flex
 - Continue use of ice post-exercise
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice
(after)

Phase III(Weeks 4– 6)

- **Range of Motion:** Full
- **Therapeutic Exercises:** Continue all exercises listed above.
 - Initiate sport program.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice
(after)

Signature: _____

Date: _____