

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

ARTHROSCOPIC CAPSULAR RELEASE PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: Arthroscopic Capsular Release

Postop	Goals	Precautions	Exercises
Weeks 0-2 PT 2-3x/week HEP daily	Edema and pain control Prevent ROM loss	Sling for COMFORT ONLY	Aggressive PROM Capsular stretching Closed chain scapula stabilization Elbow, wrist, hand ROM Codman/Pendulum Posture training
Weeks 2-4 PT 2-3x/week HEP daily	Edema and pain control Prevent ROM loss	DC Sling	Aggressive PROM Continue capsular stretching Joint mobilization to max tolerance Isometrics (deltoid and rotator cuff) Begin scapular protraction/retraction Continue elbow, wrist, hand ROM
Weeks 4-8 HEP daily	Full ROM	No sling	Continue ROM exercises Continue capsular stretching Continue joint mobilization Advance isometrics Advance to bands & dumbbells
Weeks 8-16 HEP daily	Full ROM Return to activity	No sling Avoid sport and high demand activities until >12 weeks	Continue above exercises Advance strengthening as tolerated Begin eccentric resisted motions and closed chain activities

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. → Weeks 4-8: begin biceps isometrics. → Weeks 8+: begin biceps resistance training.

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**