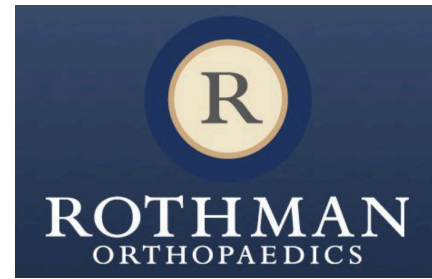


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Capsular Release Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Capsular Release

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 0-4:

Stop sling use within 3 days

Begin using CPM machine at home 1 day post-op as instructed

Focus on ER at 0° immediately

Progress full pain-free ROM arc A/AA/PROM no limitations, focus on IR and ER at 90° abduction in supine position

Work on FF and ABD with stabilization of the scapula.

_____ Week 4-6:

Begin Rotator Cuff and Scapular Stabilization strengthening, begin at 0° and progress to 45°/ 90° as tolerated in Pain Free Arc

_____ Months 3-12:

Begin resisted IR/BE (isometrics / bands); isometric → light bands → weights

Advance strengthening as tolerated; 10 reps / 1 set per exercise for rotator cuff, deltoid, and scapular stabilizers

Increase ROM to fill with passive stretching at end ranges

Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning Teach HEP

Modalities

Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis TENS
Heat before Ice after ____ Trigger points massage Therapist's discretion

Signature _____ Date _____