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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 6 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 _____