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Frozen Shoulder (Adhesive Capsulitis) Rehabilitation Protocol

Adhesive capsulitis, also known as frozen shoulder, is a condition characterized by stiffness and pain in the shoulder joint. The goal of physical therapy for adhesive capsulitis is to restore range of motion, reduce pain, and improve function. Treatment typically progresses through stages, and it's important to tailor the protocol to the individual's pain tolerance and stage of the condition. Consultation with the physician for an ultrasound guided glenohumeral joint steroid injection is recommended.

Phase 1: Pain Control and Gentle Mobilization

- **Objective**: Reduce pain and prevent further stiffness.
- **Pain Management**: Use modalities such as ice, heat, and gentle massage to manage pain and inflammation. Over-the-counter NSAIDs may also be used.
- **Gentle Range of Motion Exercises**: Begin with very gentle, pain-free range of motion exercises, such as pendulum exercises.
- **Passive Stretching**: Gentle passive stretching within the limits of pain can help maintain as much range of motion as possible.
- **Modalities**: TENS (Transcutaneous Electrical Nerve Stimulation) might be used for pain management.

Phase 2: Increasing Range of Motion

- **Objective**: Gradually increase shoulder mobility.
- **Active-Assisted Range of Motion Exercises**: Gradually increase the range of motion with active-assisted exercises using a cane, stick, or the other arm to help move the affected shoulder.
- **Stretching**: Implement more aggressive stretching techniques as tolerated, focusing on all planes of shoulder movement. Wall walks and towel stretches are examples.
- **Manual Therapy**: Joint mobilizations performed by a physical therapist to help increase joint mobility.

Phase 3: Strengthening

- **Objective**: Strengthen shoulder muscles to support increased range of motion.
- **Isometric Exercises**: Start with isometric exercises that do not involve movement of the joint, to begin strengthening without exacerbating pain.
- **Progressive Strengthening**: As range of motion improves and pain decreases, incorporate isotonic exercises with bands or light weights focusing on rotator cuff and scapular stabilizer muscles.

Phase 4: Functional Training and Maintenance

- **Objective**: Restore full function and prevent recurrence.
- **Functional Exercises**: Incorporate exercises that mimic daily activities or job-specific tasks to ensure the shoulder can handle everyday use.
- **Advanced Strengthening**: Continue with strengthening exercises, progressively increasing resistance and complexity.

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- **Education**: Teach strategies for avoiding future episodes, such as maintaining shoulder mobility and proper ergonomics during activities.

Throughout All Phases

- **Education on Condition and Process**: Understanding the nature of adhesive capsulitis and the importance of gradual progression is vital for patient adherence and motivation.
- **Pain Management**: Continuously assess and manage pain through various modalities, ensuring it does not impede progress in therapy.
- **Regular Assessments**: Regularly evaluate the patient's progress in range of motion, strength, and function to adjust the therapy plan as needed.

Additional Considerations

- **Patience and Persistence**: Recovery from adhesive capsulitis can be slow, often taking several months to achieve full function. Consistent adherence to the prescribed therapy regimen is crucial.
- **Communication**: Maintain open communication with the healthcare team to ensure the treatment plan is effective and adjust as necessary based on the patient's progress and feedback.