



### ARTHROSCOPIC CAPSULAR RELEASE +/- MANIPULATION UNDER ANAESTHETIC

The arthroscopic capsular release and manipulation under anaesthetic is designed to improve pain and function in cases of frozen and stiff shoulder. The procedure is performed under general anaesthetic and interscalene block. The shoulder is passively manipulated until full range of movement is achieved (unless otherwise stated). A capsular release involves cutting and removing the abnormal capsule. These procedures increase the elasticity of the capsule, improving pain, stability and function.

## **INPATIENT GUIDELINES:**

Physiotherapy follow up appointment: Prior to admission an appointment should be arranged.

<u>Day cases:</u> The day after surgery <u>Overnight stay:</u> 2 days post op

#### !!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

If this appointment has not been made an appointment needs to be made for as soon as possible.

Clinic follow up appointment: 3 weeks, 3 months, 6 months, 1 year (If patient not progressing as expected, arrange review prior to 3 month follow-up).

Sling use: No sling

Contraindications/ risks: Be careful not to force elevation while the block is still active - there is the risk of fractures and dislocations

Discharge summary/ Ward physiotherapist responsibilities:

- # Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications, take shoulder through full passive range, and teach passive and active exercises for the shoulder.

# Day 1

Ensure physio and clinic appointment arranged.

Advice patient of analgesia use and contraindications.

Take the shoulder through full passive range of movement.

Immediately start passive and active movements of the shoulder.

## Day 2 + (Review by Physiotherapist) (Consider for hydrotherapy)

Ensure adequate analgesia

Encourage progressive increase in ADL's and return to work and sport

Continue passive and active movements of the shoulder, restore full movement as quickly as possible

Ensure normal movement pattern and ROM

Improve rotator cuff and scapular function through a progressive exercise programme

Continue physiotherapy until the patient plateaus

Consideration should always be given to the individual patients' ability. The protocol is based on restoring full movement as quickly as possible. Physiotherapy will begin immediately.

Functional returns:

Timings for returning to functional activities are approximate and will differ depending upon the individual.

- · Driving immediately
- · Swimming breaststroke immediately
- Golf immediately
- Lifting: immediately
- Return to work: immediately