



Shoulder Lysis of Adhesions / Manipulation under Anesthesia (LOA/MUA) or Capsular Release with Small Rotator Cuff Repair and/or Biceps Tenodesis

It is important to start physical therapy within a few days after surgery (if not the next day). It is recommended to do therapy five times per week for the first two weeks, with supplemental home exercise program to progress to active ROM when not in supervised physical therapy

PHASE 1 (Immediate Post-Operative Phase): Generally 0-2 Weeks Post-Op

Rehabilitation Goals

- Maximize PROM and begin light AROM immediately after surgery
- Minimize pain with use of therapeutic interventions

Precautions

- Sling use will be determined by the surgeon after the procedure. Sling use can vary depending on the amount of damage.
 - LOA/MUA or capsular release with/without biceps tenodesis- no sling/ sling for 4 weeks
 - LOA/MUA or capsular release with rotator cuff repair (with or without biceps tenodesis)- sling use for 6 weeks when not working on ROM

Range of Motion

- Begin AAROM with cane and pulley exercises
- Continue to increase ROM as tolerated to restore full PROM, begin light AROM

Strengthening

- Peri-scapular strengthening
- Avoid resistive biceps exercises with biceps tenodesis procedure
- May do elbow flexion and forearm supination but no resistance
- Avoid IR/ER resistance exercises with rotator cuff repair procedure

PHASE 2: Generally 2-6 Weeks Post-Op

Rehabilitation Goals

- Minimize pain
- Restore full ROM

Precautions/Sling Use

- May discontinue sling at 4 or 6 weeks if rotator cuff repaired
- No lifting with biceps or shoulder



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Range of Motion

- Maintain full PROM
- Continue gentle AROM and progress as tolerated to restore full ROM
- Continue to use modalities as applicable in order to assist with motion increases

Strengthening

- Begin shoulder isometric exercises progressing to isotonic exercises
- Continue peri-scapular exercises
- Begin biceps strengthening exercises

PHASE 3: Generally 7-12 Weeks Post-Op

Rehabilitation Goals

- Minimize pain
- Restore full AROM and PROM
- Continue to use modalities as applicable

Precautions

- No sling wear
- No lifting overhead

Range of Motion

- Maintain full PROM
- Restore full AROM compression, elevation (check with MD re: cold therapy)

Strengthening

- Begin light resistive tubing/band/weight exercises, progressing slowly through week 12
- Begin prone I's, Y's, T's exercises
- Begin resistive biceps loading at week 10
- Continue to improve peri-scapular strengthening exercises Adequate maintenance of post-operative pain and edema control





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PHASE 4: Generally 12+ Weeks Post-Op

Rehabilitation Goals

- Maintain full ROM
- Restore shoulder and peri-scapular strength
- Restore neuromuscular control of shoulder muscles

Range of Motion

- Maintain normal ROM

Rehabilitation

- Increase resistive shoulder exercises to include dynamic stabilization and heavier resistive exercises
- Progress resistive exercises gradually (.5kg/10 days) until normal strength is restored
- Include neuromuscular control exercises such as D1 and D2 patterns with resistance



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