

## Adhesive Capsulitis Protocol

### Non-operative

#### Goals:

1. Assess and manage pain levels
2. Restore normal AC/SC and GH Joint ROM
3. Restore normal scapular mobility/function
4. Minimize myofascial restrictions
5. Pt independent with HEP
6. Patient education

#### Treatment:

1. Modalities to manage inflammation/pain
2. STM to Subscapularis, Pec Major/Minor, Lats, Teres Major, ant/lat Deltoid
3. Grade 1-4 mobilization to GH, scapulo-thoracic and AC/SC joint depending on stage or irritability of condition
4. PROM/AAROM/AROM exercises (Codman's/pendulums, pulleys, table/wall slides, cane)
5. Cervical stretches (Levator, Traps, Scalene)
6. Pt education for postural alignment, pain management, HEP
7. Stretch the Rotator Cuff Interval (RCI): Supraspinatus, Subscapularis, Superior Glenohumeral and Coracohumeral ligaments

**You must determine pt's level of tissue irritability to drive your treatment plan. Once determined, start at that stage and progress through the stages from there.**

1. Low Irritability:
  - a. Low pain ( $\leq 3/10$ )
  - b. No resting or night pain
  - c. Low disability on DASH, ASES, PSS, SPADI or SST
  - d. Minimal pain at end ROM with overpressure
  - e. AROM same as PROM
2. Moderate Irritability:
  - a. Moderate pain (4-6/10)
  - b. Intermittent night or resting pain
  - c. Moderate disability on DASH, ASES, PSS, SPADI or SST
  - d. Pain at end ROM
  - e. AROM similar to PROM
3. High Irritability:
  - a. High pain ( $\geq 7/10$ )
  - b. Consistent night or resting pain
  - c. High disability on DASH, ASES, PSS, SPADI or SST
  - d. Pain prior to end ROM
  - e. AROM < PROM secondary to pain

### **Stage 1. Pre-adhesive Stage**

#### ***-Generally low-moderate irritability with A/PROM***

- Modalities: heat/ice and E-Stim PRN
- End range GH joint stretching all directions, 5-30s hold as tolerated
- Grade I-IV GH mobilization with anterior, posterior, lateral and inferior glides at end range, long axis distraction to maximize ROM as tolerated
- SC/AC mobs as appropriate
- Low to high resistance strengthening/functional activity to tolerance
- Low load short to prolonged stretching HEP with cane and pulley as tolerated
- RTC and scapular static/dynamic stabilization Ther Ex: body blade, PNF with Theratube, rainbows, supermans as tolerated
- Stretch the RCI: stretch into ER with shoulder adducted
- STM to Subscapularis/Lats, Pec Major/Minor, Teres Minor, Infraspinatus, ant/lat Delt

### **Stage 2. Freezing (acute Adhesive) Stage**

#### ***-Generally high irritability with A/PROM***

- Modalities: heat/ice and ES
- Stretch GH joint in pain free ROM for short durations, 1-5s hold as tolerated
- Grade I-II GH and AC/SC joint mobilization, gentle long axis distraction as tolerated
- PROM/AAROM Ther Ex: Codman's/pendulums, cane, pulley, table slides as tolerated
- Cervical stretches: traps, Levator Scap, and Scalenes
- Scapular retraction, depression, reverse shoulder shrugs
- Elbow and wrist AROM strengthening as tolerated

### **Stage 3. Frozen (Fibrotic) Stage**

#### ***-Generally low-moderate irritability with end ROM***

- Modalities: heat/ice and E-Stim PRN
- Stretch GH joint and RCI in pain free ROM, 15-30s hold as tolerated
- STM to Subscapularis/Lats, Pec Major/Minor, Teres Minor, Infraspinatus, ant/lat Delt
- Grade II-IV GH and AC/SC joint mobilization, long axis distraction as tolerated
- Scapular mobilization in all directions
- Passive, AAROM/AROM Ther Ex: cane, pulley, table/wall slides, AAB, HBB with belt to tolerance
- Low load prolonged stretch HEP with cane, pulley and belt to tolerance
- Elbow flex/ext strengthening with Theraband and dumbbells as tolerated
- Scapular strengthening/stabilization: t-band shoulder rows/ext, PNF patterns with manual resistance

#### **Stage 4. Thawing Stage**

***-Generally low irritability with A/PROM***

- STM to Subscapularis/Lats, Pec Major/Minor, Teres Minor, Infraspinatus, ant/lat Delt
- Stretch GH joint and RCI to end range and apply overpressure to tolerance, 30s hold
- Grade III-IV GH and AC/SC joint mobilization, long axis distraction
- Scapular mobilization in all directions
- Low load prolonged stretch HEP with cane, pulley and belt
- Passive, AAROM/AROM Ther Ex: cane, pulley, wall slides, AAB, HBB with belt, forward flexion and scaption
- Elbow flex/ext strengthening progressions
- Scapular strengthening/stabilization progressions
- Low to high resistance strengthening/functional activity to tolerance