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Arthroscopic Capsular Release

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-2 PT 2-3x/week HEP daily	Edema and pain control Prevent ROM loss	Sling COMFORT ONLY If Distal Clavicle Excision: No abduction >90° No rotation in 90° abduction No resisted motions If Biceps Tenodesis: No active elbow flexion	Aggressive PROM Capsular stretching Closed chain scapula stabilization Elbow, wrist, hand ROM Codman/Pendulum Posture training
Weeks 2-4 PT 2-3x/week HEP daily	Edema and pain control Prevent ROM loss If Biceps Tenodesis: Protect repair	DC sling If Distal Clavicle Excision: No abduction >90° No rotation in 90° abduction No resisted motions If Biceps Tenodesis: No active elbow flexion	Aggressive PROM Continue capsular stretching Joint mobilization to max tolerance Isometrics (deltoid and rotator cuff) Begin scapular protraction/retraction Continue elbow, wrist, hand ROM Posture training
Weeks 4-8 PT 2-3x/week HEP daily	Full ROM	No sling If Distal Clavicle Excision: No abduction >90° No cross body adduction Avoid 90/90 ER If Biceps Tenodesis: No resisted elbow flexion	Continue ROM exercises Continue capsular stretching Continue joint mobilization Advance isometrics Advance to bands & dumbbells If Biceps Tenodesis: Begin active elbow flexion (no resistance)
Weeks 8-16 PT 1-2x/week HEP daily	Full ROM Return to activity	No sling Avoid sport and high demand activities until >12 weeks	Continue above exercises Advance strengthening as tolerated Begin eccentric resisted motions and closed chain activities If Biceps Tenodesis: Gentle resisted elbow flexion (8 weeks) Elbow flexion strengthening (>12 weeks)