450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429 3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

NON-OPERATIVE ADHESIVE CAPSULITIS PROTOCOL

Name	:					
Diagn	osis:					
Date of Surgery:						
Frequency: 1	1 2 3 4	times / week	Duration:	1 2 3	3 4 5	6 Weeks
position (Emphasiz Work in p Work on f scapuloth Rotator co progress f Home Exe minutes p Outpatien	Sleeper stre ze GENTLE Poain-free arc full flexion a noracic motio uff and scap to 45º/90º a ercise progra per session nt pain medio	itations, focus on tch). Try to prese ROM to start, but emphasize reduction. En on with abduction as tolerated painam of stretches to cation and modal a shoulder at end	erve as much modalities to aphasize glen a / flexion fro program exe free b be done 3-4 ities – ice, he	IR and stretch cohume om 0-80 ercises, times at, ultr	ER as portain the control of the con	ossible. ion, block t 0º and or 1-15
Modalities:						
Other:						
Signature				Date:		