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Rehabilitation Protocol Frozen Shoulder Release

Date of Surgery:	RIGHT	LEFT
Frequency of Visits: 2-3x/ week x 6 weeks		
Phase I: Maintain ROM (0 to 6 w	veeks)	
• May shower postop day # 3. No sub	omerging for 6 weeks (baths, ho	t tubs,lakes, rivers, oceans)
Sutures are all underneath the skin a	and will dissolve on their own	
 Ice or cold flow systems encouraged times per day. 	for the first week at a minimu	m: should beused 3-4
Sling should be used for comfort onl	ly.	
Pulleys or Continuous Passive Motion	on (CPM) machine to be used 3	-5 times perday.
 Supplement exercise program 3 time Immediate elbow, forearm an exercises Aggressive PROM and capsulate 	nd hand range of motion out of	slingPendulum
Supervised PROM and capsular stre	etching 3 times per week.	
May start active scapular mobility ex	xercises immediately.	
• Initiate AROM when tolerated.		
Phase II: Restore Function (>6 w	peeks)	
Initiate gentle rotator cuff strengther	ning (Theraband, dumbbells, et	c)
Continue scapular stabilizer strength	hening.	
Avoid strengthening in positions of it	impingement.	

Signature: _____ Date: _____