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Shoulder & Elbow Reconstructive Surgery

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Clinical Rationale & Pathophysiology: Indicated for refractory adhesive capsulitis (frozen shoulder) and post-traumatic capsular contracture failing conservative therapy. Preserving intra-operative passive motion gains requires immediate active-assisted mobilization and aggressive inflammation control before scar tissue can reform.

CRITICAL PRECAUTIONS & IMMOBILIZATION RULES

- Immediate active-assisted motion initiated within 12–24 hours post-operatively (Day 1).
- Sling discontinued within 24 hours (used strictly for regional nerve block recovery).
- **NO PROLONGED IMMOBILIZATION:** High frequency daily home stretching (5–6 sessions daily, 10–15 min each).
- Night resting position in mild abduction and neutral rotation to prevent axillary pouch re-adhesion.

Phase I: Immediate Mobilization & Edema Control (Weeks 0 - 2)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Maintain full intra-operative passive motion gains• Eliminate dependent edema & control inflammatory pain• Normalize resting scapulothoracic rhythm	<ul style="list-style-type: none">• Frequent active-assisted range of motion: supine wand elevation, external rotation at side• Table slides, wall crawls, and overhead pulley glides 5x daily• Continuous cryotherapy 20 min every 2–3 hours; early active pendulum exercises• Active hand, wrist, elbow, and cervical spine active motion to prevent secondary stiffness

Phase II: End-Range Mobilization & Low-Load Prolonged Stretch (Weeks 2 - 6)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Achieve near-symmetric active forward elevation (>150°)• Restore external rotation at side (>45°) and abduction (>120°)• Prevent secondary subacromial impingement	<ul style="list-style-type: none">• Low-load prolonged stretching (LLPS): supine external rotation with light cane / wand• Sleeper stretch and posterior capsule corner stretches as tolerated• AAROM progressing to active unassisted elevation in scapular plane• Periscapular motor recruitment: prone rows, scapular retractions, serratus wall glides

Phase III: Rotator Cuff & Dynamic Scapular Strengthening (Weeks 6 - 12)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Attain full pain-free active ROM in all planes including behind-back IR• Progressively rebuild rotator cuff strength and dynamic stabilization• Eliminate scapulothoracic substitution mechanics	<ul style="list-style-type: none">• Progressive elastic resistance (therabands) for internal/external rotators and deltoid• Seated rows, latissimus pull-downs, and standing diagonal PNF patterns• Dynamic rhythmic stabilization in supine 90° elevation• Graduated functional reaching and light lifting drills

Phase IV: Functional Consolidation & Unrestricted Return (Months 3 - 6+)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Full unrestricted return to demanding manual occupation and athletics• Symmetric bilateral strength (>90%) and normal joint kinematics• Establish lifelong independent maintenance stretching routine	<ul style="list-style-type: none">• Sport-specific overhead mechanics, swimming, tennis, and golf progressions• Progressive eccentric rotator cuff loading and high-velocity deceleration drills• High-load gym conditioning, overhead pressing, and heavy occupational tasks• Discharge examination and functional documentation

Clinical Communications & Triage: Division of Orthopaedic Surgery, UHN Toronto Western Hospital • Inquiries: office@drcvortho.ca • Protocol Portal: drcvortho.ca/protocols