



## JONAS R. RUDZKI, MD

SPORTS MEDICINE ORTHOPAEDIC SURGEON,  
SPECIALIZING IN SHOULDER & KNEE SURGERY

[WWW.JRRUDZKIMD.COM](http://WWW.JRRUDZKIMD.COM)

### K STREET/DOWNTOWN

Phone: 202-833-1147

Fax: 202-296-2515

2021 K St NW, Suite 516

Washington, DC 20006

### CHEVY CHASE

Phone: 301-657-1996

Fax: 301-951-6160

5454 Wisconsin Ave

Suite 1000

Chevy Chase, MD 20815

### SIBLEY

Phone: 202-787-5601

Fax: 202-787-5606

5215 Loughboro Rd NW

Suite 200

Washington, DC 20016

[www.wosm.com](http://www.wosm.com)



## ADHESIVE CAPSULITIS / FROZEN SHOULDER REHABILITATION PROTOCOL PRESCRIPTION

**Visits: 1-2x per Week for 6-8 Weeks**

### MODALITIES:

Moist heat as indicated

Massage & Scapular Mobilizations as indicated

EGS-as indicated

Cryotherapy as indicated

US used only if not responding to EGS

No phonophoresis, iontophoresis

**ROM (2x/day) – Critical Component = Establishment of Daily Home Program**

**Restoration of ROM & Scapular Rhythm is the essential emphasis of this protocol**

PSROM, PROM, AROM, AAROM in Forward Elevation, External Rotation for first 2-3 weeks

Incorporate Internal Rotation after 3-4 weeks when FE > 120 and ER > 75 (Avoid IR if painful)

Pendulums & Codmans; Pulleys not incorporated until Passive FE > 100 degrees

Wall-Walking, Broom Passive External Rotation, Doorway External Rotation

Full ROM in all planes when pain-free if tolerated: accept minimal pain only

*(PSROM = Passive, Supine ROM)*

**STRENGTHENING: ALL EXERCISES PAIN FREE ROM ONLY (qd/ 5d/week)**

Strengthening only initiated after ROM is w/in 90% of contralateral shoulder for FE/ER/Abdxn

Isometrics: within 5° of painful area in all planes

Strengthening exercises per shoulder exercise sheet; Numbers 1-11 as tolerated

Slowly incorporate light-weight biceps curls and wall push ups after 3 wks

Strengthening exercises to be done with free weights only – **NO TUBING**

Start with no weight (weight of the arm alone) & begin with 15 repetitions building to 40

Progress slowly in 4 ounce increments as tolerated only when able to do 40 reps with no

substitution: 4 ounces, 8 ounces, 1 pound weight, etc (Max wt = 2 lbs)

**K STREET/DOWNTOWN**

Phone: 202-833-1147

Fax: 202-296-2515

2021 K St NW, Suite 516

Washington, DC 20006

**CHEVY CHASE**

Phone: 301-657-1996

Fax: 301-951-6160

5454 Wisconsin Ave

Suite 1000

Chevy Chase, MD 20815

**SIBLEY**

Phone: 202-787-5601

Fax: 202-787-5606

5215 Loughboro Rd NW

Suite 200

Washington, DC 20016

Reps/Intensity:

Low weight – start with 15 reps and increase to 40 reps

When able to do 40 reps w/o shoulder substitution then increase to next weight

Goals: Instruct in home program—should not need >3-4 visits

Do NOT exceed >2 lbs. in weight w/o approval from treating physician

**General Information**

No pain during or after exercises

Call M.D. if patient not responding to treatment

This protocol provides you with general guidelines for the rehab of the adhesive capsulitis patient. Specific changes in the program will be made as appropriate for the individual patient. If you have any questions regarding the progress of the patient, please contact our office.

Signature: \_\_\_\_\_

