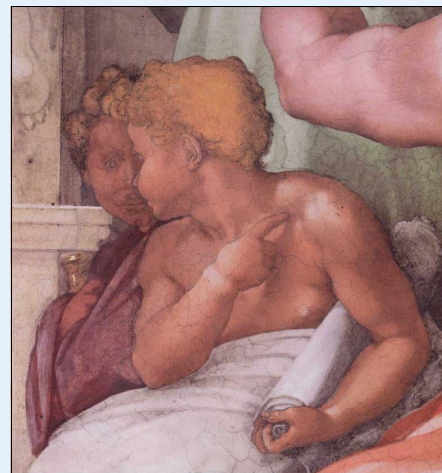


MANIPULATION UNDER ANAESTHETIC +/- ARTHROSCOPIC CAPSULAR RELEASE

The manipulation under anaesthetic and arthroscopic capsular release is designed to improve pain and function in cases of frozen and stiff shoulder. The procedure is performed under general anaesthetic and interscalene block. The shoulder is passively manipulated until full range of movement is achieved (unless otherwise stated). A capsular release involves cutting and removing the abnormal capsule. These procedures increase the elasticity of the capsule, improving pain, stability and function.



INPATIENT GUIDELINES:

Physiotherapy follow up appointment:

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

Prior to admission an appointment should be arranged.

- Day cases: The day after surgery
- Overnight stay: 2 days post op

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment:

- 3 months
- *** If patient not progressing as expected, arrange review prior to follow-up. ***

Sling use:

Sling to be removed immediately

Contraindications/ risks:

- Be careful not to force elevation while the block is still active - there is the risk of fractures and dislocations

Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications, take shoulder through full passive range, and teach passive and active exercises for the shoulder.



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Day 1	<ul style="list-style-type: none"> • Ensure physio and clinic appointment arranged. • Advice patient of analgesia use and contraindications. • Take the shoulder through full passive range of movement. • Immediately start passive and active movements of the shoulder.
Day 2 + (Review by Physiotherapist) (Consider for hydrotherapy)	<ul style="list-style-type: none"> • Ensure adequate analgesia • Encourage progressive increase in ADL's and return to work and sport • Continue passive and active movements of the shoulder, restore full movement as quickly as possible • Ensure normal movement pattern and ROM • Improve rotator cuff and scapular function through a progressive exercise programme • Continue physiotherapy until the patient plateaus

Consideration should always be given to the individual patients' ability. The protocol is based on restoring full movement as quickly as possible. Physiotherapy will begin immediately.

Functional returns:

Timings for returning to functional activities are approximate and will differ depending upon the individual.

- Driving - immediately
- Swimming breaststroke - immediately
- Golf - immediately
- Lifting: - immediately
- Return to work: - immediately

Note: These are guideline protocols only.

For questions or concerns please contact:

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For further information: <http://www.readingshoulderunit.com>

Protocol for Prof O. Levy—Royal Berkshire Hospital

Protocol written by Jon Lee—ESP Physiotherapist—Royal Berkshire Hospital—October 2016