

Rehabilitation Protocol: Adhesive Capsulitis – Non-Operative

Corticosteroid Injection: ☐ No ☐ Yes Date of Injection: _____

Treatment is guided by **stage and irritability**. Early ultrasound-guided intra-articular glenohumeral corticosteroid injection (per our office) can shorten symptom duration and limit capsular contracture – resume PT after injection to address deficits. Continue pain-free use of the arm; avoid sudden movements; limit compensatory patterns. Please contact our office with any questions or concerns.

☐ **Stage 1 – Pre-Adhesive (High Irritability)**

- **Treatment**
 - Education: condition and typical progression; activity modification; posture; early recognition if the other shoulder becomes involved; heat/cold for pain
 - Gentle pain-free PROM; pendulums; low-grade joint mobilization for pain; scapular mobility; gentle soft tissue work
 - Postural exercises; pain-free strengthening/stabilization
 - HEP: pendulums, scapular clocks, AAROM flexion and ER, self-massage, diaphragmatic breathing
- **Criteria to Progress:** Decreased pain and irritability

☐ **Stage 2 – Freezing (High to Moderate Irritability)**

- **Treatment**
 - PROM and stretching (pec stretch, thoracic foam rolling); AAROM flexion, ER, IR, abduction
 - Low-grade joint mobilization for pain and capsular restriction; PROM within tolerance
 - Pain-free strengthening (rows, prone extension); posture; consider aquatic therapy
- **Criteria to Progress:** Decreased pain and irritability; improving ROM

☐ **Stage 3 – Frozen (Moderate to Minimal Irritability)**

- **Treatment**
 - Active warm-up; P/AA/AROM as tolerated; stretching into tissue resistance (sleeper, cross-body); low-load, long-duration stretching
 - Joint mobilization and mobilization with movement; longer-duration stretching; soft tissue work
 - Pain-free PREs with optimal mechanics (scaption, rotator cuff isotonics, band pulldowns); aquatic progression
 - HEP emphasizing stretching and PREs
- **Criteria to Progress:** Minimal pain at end range; improving A/PROM with proper mechanics

☐ **Stage 4 – Thawing (Low Irritability)**

- **Treatment**
 - Progress P/AA/AROM; stretching into resistance (e.g., child's pose); low-load, long-duration stretching
 - Joint mobilization and mobilization with movement
 - Progress PREs and PNF in pain-free range; return to prior level of function; independent self-management
- **Criteria for Discharge:** Full ROM with optimal mechanics; functional UE strength; pain-free ADLs; independent HEP