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## Physical Therapy Prescription – MUA / Capsular Release Shoulder

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** R / L Shoulder MUA/Capsular Rel **Date of Surgery:** \_\_\_\_\_

**Frequency:** 3-5+ times per week for \_\_\_\_\_ weeks

### Phase I (0 – 6 weeks after surgery):

- **Sling:** For comfort only, discontinue as soon as able
- **Ice:** Use ice/ ice machine system at minimum 3-4 times/day for the first week
- **Range of Motion:**
  - o Pulleys or continuous passive motion (CPM) machine 3-5 times/day
  - o Pendulums
  - o Elbow, forearm, and hand ROM unrestricted
  - o Aggressive PROM and capsular mobility in all planes
  - o Supervised PROM and capsular stretching at least 3 times/week
  - o Initiate AROM when tolerated (no restrictions)
- **Exercises:** begin scapular stabilizers (protraction, retraction)
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase II (6+ Weeks):

- **Range of Motion:** full AROM
- **Exercises:** continue Phase I; begin gentle rotator cuff strengthening; but avoid strengthening in positions of impingement
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

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

Date: \_\_\_\_\_

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