Adhesive Capsulitis (Non-Operative) Protocol

Weight-Bearing and Immobilization	WBAT No immobilization
Aerobic	As tolerated
Range of Motion (ROM) and Strengthening	 No limitations on AROM, AAROM, or PROM as tolerated with gentle PROM initially ROM exercises within pain-free arc of motion Emphasis on: IR ER at 90° abduction while supine sleeper stretch full flexion and abduction with focus on glenohumeral motion rather than scapulothoracic motion (particularly from 0-80°) Rotator cuff and scapular stabilization program exercises beginning at 0° and progressing to 45° and 90° as tolerated and without pain
Other	 Heat before and/or ice after PT sessions as needed. Modalities (ice, heat, ultrasounds, etc.) as needed for stretching and ROM. Apply modalities with shoulder at end range of comfortable motion, not with arm at side. Home Exercise Program (HEP) 3-4 times per day for up to 15 minutes per session.
Goals	Pain control Minimize pain Minimize joint stiffness

Phases of Adhesive Capsulitis		
Phase I "Freezing" Phase	 May last 0-9 months Increase in shoulder stiffness Increase in shoulder pain Treatment: pain control (activity modification, ice, NSAIDs, corticosteroid injection) 	
Phase II "Frozen" Phase	 May last 3-12 months Continued shoulder stiffness Decrease in shoulder pain (often no pain) Treatment: pain control (activity modification, ice, NSAIDs, corticosteroid injection), physical therapy, and possible manipulation under anesthesia and/or surgery 	
Phase III "Thawing" Phase	May last 6-24 months Gradual degrease in shoulder stiffness	