MANIPULATION UNDER ANESTHESIA     ARTHROSCOPIC CAPSULAR RELEASE  Sling Use: General Info:		Post-op protocol for Mathew Taylor, M.D. Sling for comfort (discard within a few days)//Possible CPM ordered for hospital and home use. ***Advance rehab as tolerated – NO PAIN, NO GAIN Inpatient Therapists – aggressively stretching in all planes per orders Outpatient Therapists – aggressively stretching in
Phase I: (Passive)	Week 1	<ul> <li>all planes</li> <li>Pendulums to warm-up</li> <li>Passive Range of Motion and Terminal Stretching</li> <li>Supine-Seated External Rotation &amp; Forward Elevation- Full</li> <li>Internal Rotation – Full</li> <li>Cross Arm Push</li> <li>Internal Rotation with Towel</li> <li>External Rotation in Door</li> <li>Door Hang</li> <li>Behind the Head Push</li> <li>90-90 External Rotation in Door</li> <li>Side-lying Posterior Capsule Stretch (Sleeper Stretch)</li> </ul>
Phase II: (Active/Assistive)	Progress when passive motion allows	<ul> <li>Pendulums to warm-up</li> <li>Active Assistive Range of Motion with Terminal Stretch.</li> <li>See above exercises</li> <li>Scapular Mobilizations</li> </ul>
Phase III: (Resisted)	Progress when active motion allows	<ul> <li>Pendulums to warm up and continue with phase 2</li> <li>External and internal rotation</li> <li>Standing forward punch</li> <li>Seated rows</li> <li>Bicep Curls</li> <li>PRE's for periscapular strengthening</li> </ul>
Weight Training:	Per PT discretion	
Return to activities:	Immediate	ely Computer, eating, holding a book, typing, writing
	2-3 month	hs Recreational sports