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Shoulder and Elbow Surgery *jamesgregorymd.com* 

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## **Adhesive Capsulitis Protocol**

Name:			_ Date:	
Diagnosis:				
Date of Surgery:	Next Physicia	an Appointment:		
Frequency: 1 2 3 4 tim	nes/week Duration: 1 2 3	4 5 6 Weeks		
<ul> <li>Apply modalities with s</li> <li>A/AA/PROM – no limita possible.</li> <li>Emphasize GENTLE PRO</li> <li>Work in pain-free arc, k</li> <li>Work on full flexion and from 0-80°.</li> </ul>	but emphasize modalities to streto d abduction. Emphasize glenohum	e) position (not arm at sub position. To the position of the p	ry to preserve as much IR and ER on the serve as much IR and E	on / flexio
	lar stabilization program exercises rogram of stretches to be done 3-			ee
Comments:				
Teach Home Exercise Program	1			
Modalities Heat before Ice after	Other		Therapist's discretion	
Signature				



