

Dr Kumar Capsulitis Hydrodilatation Protocol

Revised 6th April 2020

Prehab (STAGE 0)

- scapulothoracic retraining
- cuff strengthening
- education about the natural history of frozen shoulder (freezing, frozen, thawing stages)

HYDRODILATATION IS PERFORMED BY A RADIOLOGIST AS A DEDICATED APPOINTMENT AT JAI'S CHOSEN IMAGING PROVIDER. IT IS IMPERATIVE THAT THE PATIENT SEE THEIR PHYSICAL THERAPIST IMMEDIATELY AFTER HYDRODILATATION TO COMMENCE THERAPY – THERE IS A PAIN-FREE 'WINDOW' WHICH THE THERAPIST MUST UTILISE TO REGAIN AND MAINTAIN ROM.

0-6 weeks (STAGE 1)

- **full AROM**
- **push limits of ROM at the end of the patient's range**
 - **FOCUS ON FE, ER, X BODY ADDUCTION AND IR (behind back)**
 - **Explain that IR (behind back) is usually the LAST movement to return**
- scapulothoracic retraining and humeral head positioning exercises
- pendular exercises
- grip strength exercises
- elbow and wrist ROM (PROM elbow if biceps tenodesis)

6 weeks-3 months (STAGE 2)

- progress strengthening and dynamic upper limb activity
- reintegrate sport-specific activity and manual labour
- phase of return to pre-injury level of function

3+ months (STAGE 3)

- integrate exercises into patient's **long term daily routine**
- support and ongoing reinforcement about the risk of recurrence



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Integrated Orthopaedic Management

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Timing of Dr Kumar's Post-Operative Appointments

- **12 weeks (after initial hydrodilatation)**
- **24 weeks (if required)**
- **If initial hydrodilatation failed then Jai will usually progress to a second hydrodilatation or a capsular release (surgery)**

If you have any concerns during prehab/rehab please contact Dr Kumar directly for assistance or more urgent follow-up.