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Arthroscopic capsular release (ACR) / hydrodilatation / manipulation under anaesthetic (MUA) advice and exercises

This leaflet gives advice and exercises following ACR / hydrodilatation /MUA surgery for frozen shoulder. If you have any questions or concerns, please speak to your physiotherapist.

Why do I need this surgery?

These techniques are used in the treatment of frozen shoulders. A shoulder becomes frozen when the soft tissues around the joint become tight and short. This prevents the shoulder from moving and leads to the pain and stiffness with which you are familiar. Arthroscopic capsular release is a ‘keyhole’ procedure to free up the joint.

What is ACR / hydrodilatation / MUA?

- Arthroscopic capsular release is a ‘keyhole’ surgical procedure, which involves loosening and removing the tight joint capsule tissue, removing any scarring of the joint and freeing up the capsule ligaments. This helps the joint to move more easily.
- Hydrodilatation involves injecting a mixture of sterile saline, local anaesthetic and steroid into the joint. This can help to re-hydrate the joint capsule and reduce inflammation, both of which can contribute to the restoration of movement.
- Manipulation under anaesthetic (MUA) is where the surgeon will move the shoulder joint throughout all ranges of movements in order to loosen it and reduce the stiffness, while you are under general anaesthetic.

General guidelines

- **Pain:** A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you continue to take the painkillers as advised by the hospital. Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes. Allow at least 20 minutes between applications of the ice packs.
- **Movement:** It is really important that you begin moving and exercising the arm on the day of the procedure. Adequate pain relief will enable you to perform the exercises demonstrated by the physiotherapist. Try to use the arm for normal daytime activities, where possible. If you were given a sling for support, this should be discarded as soon as possible to prevent the shoulder from becoming stiff again, ideally within the first 1-2 days.
- **Follow up appointments:** Outpatient physiotherapy will be started immediately after discharge from the hospital and will continue for as long as your physiotherapist feels it is

appropriate. You will be reviewed in the Shoulder (Orthopaedic) Clinic about three months after your operation to check your progress.

- **Progression:** How long it takes to recover can vary from person to person. In the first few weeks your shoulder will be sore although your movements will have improved. Do not be surprised if the soreness affects your daily activities. You should continue to move and use your arm normally. Over the weeks following your surgery you will notice a gradual improvement in movement and pain.

Exercises

Following an ACR, hydrodilatation or MUA it is important that you follow a strict regime of exercises (outlined below). You must remove the sling on Day 1 and immediately begin exercises, to prevent the shoulder from stiffening again.

You will begin physiotherapy one to two days after the procedure, but try to do the exercises little and often spread throughout the day, as by doing the exercises regularly you are likely to find this more effective in maintaining the newly regained movement. There is no limit to the exercise quantity, you cannot do any harm or damage by doing ‘too many’ – some might say the more regularly you do them, the better!

Perseverance is key – try and gently stretch into the movements if you can, your physiotherapist can show you how.

Day 1+

Passive shoulder stretching – Part 1:

- Lie on your back; use the good arm to support the operated arm and lift it straight up and over your head.
- Sitting – slide the operated arm forward in front of you on a table and lean your body back. You may feel a stretch around the back of the shoulder or down the side of the body.
- Standing – facing a high table or kitchen work surface, slide your arms forward in front of you and gently lean towards the floor (you can take a step back with one foot if it helps). You may feel a stretch around the back of the shoulder or down the side of the body.







- Standing – holding a stick or broom, use the good arm to push the operated arm away from the body (out to the side). Also try this movement of the arm without a stick (on its own).

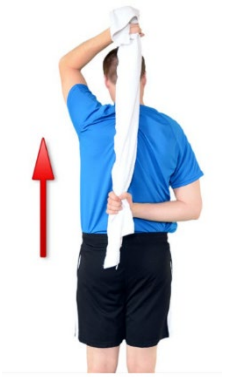



- Standing, sitting or lying on your back – tuck your bent elbow into your side, holding a stick or broom in both hands. Use the good arm to turn the operated arm away from the body keeping the elbows tucked into the side throughout the movement. You should feel a stretch across the front of the shoulder.
- Standing – rest the hand of your operated arm against a doorframe, with the elbow bent. Slowly turn your body away from your hand (so your hand rotates away from the body). You should feel a stretch across the front of the shoulder.





- Standing – lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your hand on your operated side. Lift the operated arm upwards as much as possible behind the back, using the towel to assist it.
- Lying on the side of the operated shoulder – put the operated arm out to the side with your elbow bent (shown below). Using the other hand, slowly push the forearm of the operated side down towards the bed. You should feel a stretch around the back of the shoulder.




Passive shoulder stretching – Part 2: • Gently pull the operated arm across the body, by using your good arm to do so. You should feel a stretch around the back of the shoulder.	
• Put the operated arm resting against a wall or doorframe and gently lean forward away from the wall / door frame, stretching the chest and front part of the shoulder.	

Images courtesy of http://simpleset.net

Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, most activities can be resumed immediately if comfortable.

Contact us

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For questions or concerns please contact: rbft.physiotherapy@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Physiotherapy Department.
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