

Manipulation under anaesthetic (MUA) and /or arthroscopic capsular release (ACR) exercises

Introduction

This technique is 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.

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 of the utmost importance 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.

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's appropriate.

You will be reviewed in the shoulder clinic about 3 months post-op. Here, you will be reviewed by your surgeon / specialist physiotherapist who will check your progress.

Progression

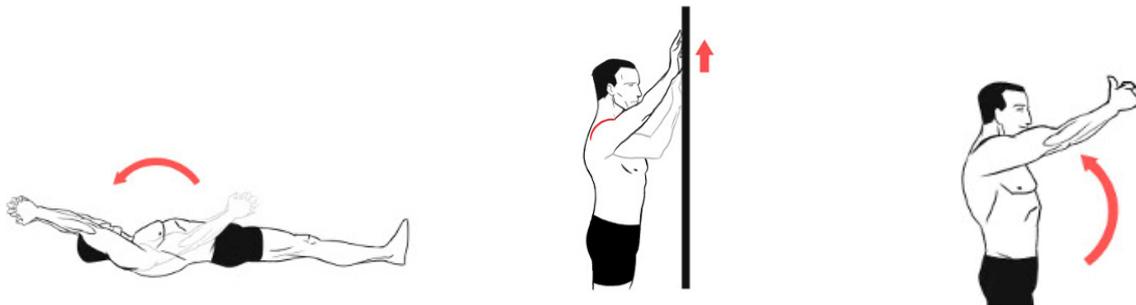
This is variable. In the first few weeks your shoulder will be sore although your movements will have improved. Do not be surprised if the soreness affects your daily activities. You should continue to move and use your arm normally. Over the weeks following your surgery you will notice a gradual improvement in movement and pain.

Following a manipulation under anaesthetic and/or arthroscopic release it is important you follow a strict regime of exercises (outlined below). You must remove the sling on day 1 and immediately begin exercises. The exercises should be done a minimum of ten times each, three times a day but more frequently is recommended. You will begin physiotherapy one to two days after the procedure. You can begin hydrotherapy (if available) from three weeks after the surgery.

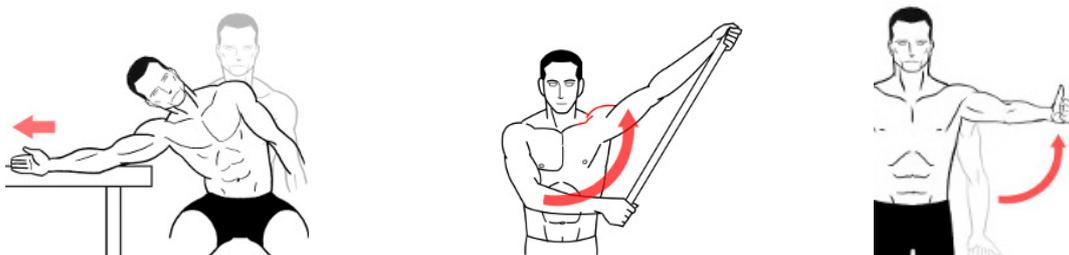
Day 1+

Immediately begin passive shoulder exercises:

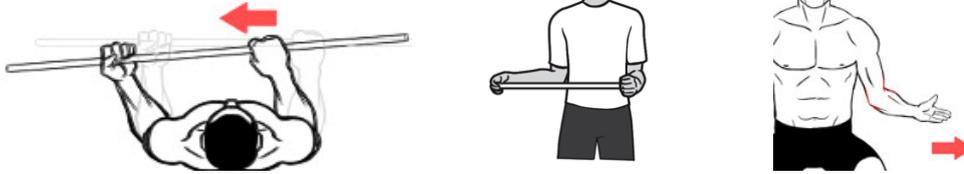
- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Standing, slide the operated arm up the wall in front of you.
- Standing, lift the operated arm above your head unassisted.



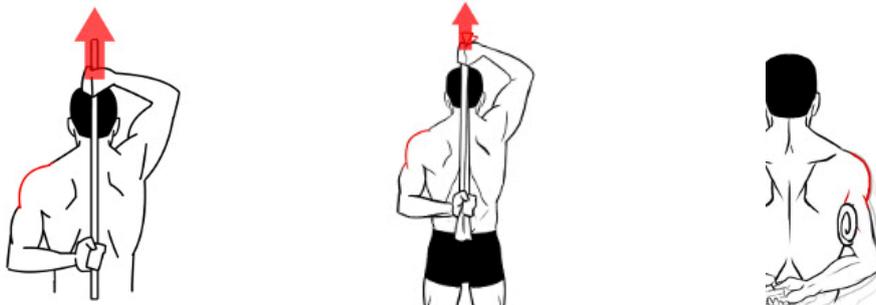
- Sitting in a chair alongside a table, slide the arm along the tabletop away from the body.
- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead.
- Standing, lift the arm away from the body, raising arm above your head unassisted.



- Standing or sitting, tuck your bent elbow into your side, holding a stick or broom. Use the good arm to turn the bad arm away from the body keeping the elbows tucked into the side.
- Standing or sitting, tuck your bent elbow into your side, holding a stick or broom. Use the operated arm as able to turn arm away from the body keeping the elbow tucked into the side, use the other arm pushing on the stick as needed.
- Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted.

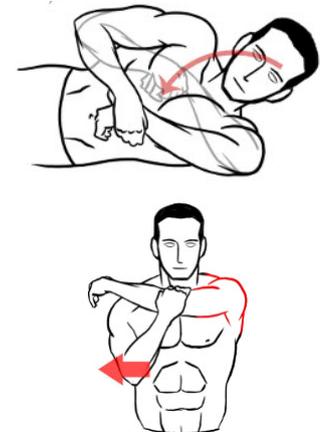


- Standing, lower the stick down your back using your good hand. Reach up behind your back grasping the stick in your operated side's hand. Use the good arm to gently lift the hand up the back.
- Standing, lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your operated side's hand. Lift the bad arm as much as possible up behind the back, using the good arm to assist it.
- Standing, lift the bad arm up behind the back unassisted.

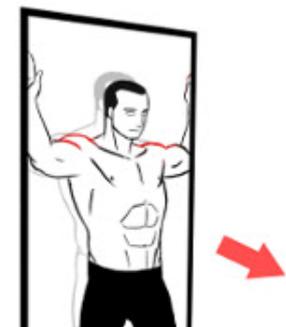


Begin stretching of additional movements:

- If you are having trouble reaching your hand up your back, lie on the operated shoulder, lift the arm to shoulder height resting on the bed, bend the elbow to 90 degrees, use the opposite hand to push the operated sides palm down towards the bed stretching the shoulder.
- If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow.



- If you have poor posture, or forward rolling shoulders, lean forward through a door frame, stretching open the chest and shoulders.



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.

Further information

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Visit www.royalberkshire.nhs.uk www.readingshoulderunit.com

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