THE ROBERT JONES AND AGNES HUNT ORTHPAEDIC HOSPITAL NHS FOUNDATION TRUST

REHABILITATION GUIDE FOLLOWING MANIPULATION UNDER ANAESTHETIC (MUA)
(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

Indication

To reduce pain and increase ROM at the gleno humeral joint

Case Profile

Patients with pain and restricted ROM from primary or secondary frozen shoulder

Procedure

Under general anaesthetic the gleno humeral joint is taken through full ROM to tear the tight capsule. If this is not possible may proceed to arthroscopic capsular release. The tight capsule is released with a radio frequency probe. Most patients will receive an interscalene block whilst under anaesthetic for pain relief which will last approximately 12-36 hours but this will also result in temporary muscle paralysis. The capsule heals over a period of 6 weeks.

Post Op Protocol Summary

The aim of rehab is to retain the motion gained during the procedure. Early and active rehab is therefore commenced as soon as possible post operatively.
Post op physio appointment within 5 days of surgery

TIMESCALE	REHABILITATION EXERCISES	GOALS
Day 1	• Postural correction / shoulder girdle exercises • Wrist / hand / finger exercises • Active assisted and active ROM to commence **as soon as possible** through all planes of movement • Scapula setting • Ice therapy	• **Check if specific post-operative instructions have been given and amend the guide accordingly** • Good understanding of post- operative rehabilitation • No complications following surgery • Control of pain with adequate pain relief • Normal sensation returned to limb • Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature

	NB: Whilst scalene block still effective do not push beyond operative ROM	• Arrange out-patient physiotherapy appointment within 5/7
Day 2- Onwards	• Progress from level 1 through to level 3 exercises	• Encourage normal functional activity • Return to driving 1-2/52 safe from surgical perspective but competency to drive is the responsibility of the individual patient • Restore full ROM (equal to EUA) **as soon as possible** through Active Assisted and Active exercises • Improve shoulder strength through a graduated strength programme • Ensure rehabilitation programme designed to enable return to usual functional and recreational activities • Advise they must continue with home exercise programme for 6/52 after discharge then gradually reduce providing ROM is maintained • ROM greater than pre-op 6/52 • Full ROM 6/12 • Painfree functional activities 3/12 • Return to golf 6/52 • Racquet sports 12/52 avoiding repetitive overhead shots • Cycling 6/52 • Breaststroke swimming as pain allows • Freestyle swimming 6/52 • Y balance test • Global joint mobility and stability assessment using functional movement screen • JAMAR grip strength measure correlates with global UL strength • If pain starts to increase and night pain worsens (with or without loss of ROM) a further corticosteroid injection may be required with Advanced Physiotherapy Practitioner or Consultant as soon as possible

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