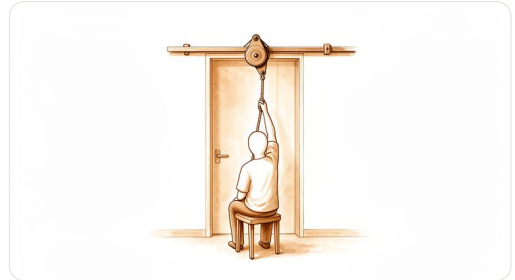


# Capsular Release

Restoring range of movement after a capsular release for a stiff shoulder.

Kieran Hirpara 4.0



This protocol covers the rehabilitation after an arthroscopic capsular release with Dr Kieran Hirpara at Mater Private Hospital Rockhampton, both what happens in hospital and over the weeks and months afterwards. Bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated. Your rehabilitation is progressed individually by your physiotherapist through the phases below, depending on how your shoulder is moving.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

## What to expect

Capsular release is an operation for a stiff shoulder (frozen shoulder), and that changes everything about how you rehabilitate. Most shoulder operations repair something, such as a tendon or a torn ligament, and the early job is to **protect** that repair, so you wear a sling and keep movement within limits. This operation is the opposite. Nothing has been stitched back together that needs protecting. The surgeon has released the tight, scarred lining of the joint and moved the shoulder through a full range while you were asleep, so the result of the operation **is** the movement. From the moment you wake up, the job of rehabilitation is to **keep that movement** before the shoulder tries to stiffen up again.

That means there is no protected period and no holding back. You start moving the shoulder straight away, both moving it yourself and using your other arm to push it, and you keep pushing the range, in every direction, several times a day.

Your exercises use three kinds of movement, and your team will mark which apply to you:

- **Passive movement** means the shoulder stays completely relaxed while your other arm, a stick or a pulley does all the work.
- **Active-assisted movement** means you move the arm yourself with some help from the other arm or an object.

- **Active movement** means you move the arm under its own power, without help.

## Why there is no sling

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After a capsular release there is **no sling to protect a repair, and keeping the shoulder still is the one thing that works against you**. Left to rest, the released shoulder simply tightens up again. Re-stiffening is the main reason this operation can disappoint, and it is largely preventable by moving early and often.

So unlike a repair, you do **not** sleep in a sling, you do **not** keep the arm still, and there is **no movement that is off-limits**. You are encouraged to use the arm freely and to push your range in every direction, including rotating the arm outwards, right from day one. A simple sling is offered only for short-term comfort and to stop the arm being knocked when you are out and about; leave it off as much as you can and do not let it tempt you into keeping the shoulder still.

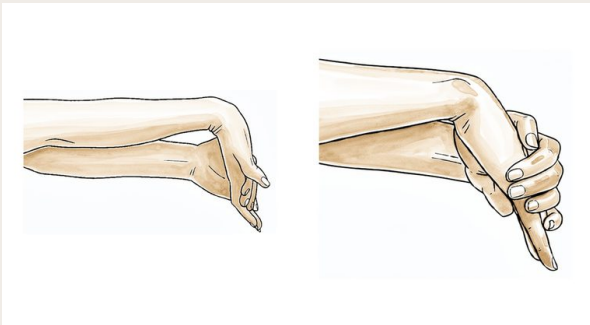
## Key points

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- **Keep moving.** Use the arm for normal everyday tasks such as washing, dressing and eating, from the start. Movement keeps the range you gained at surgery.
- **Push the range, in every direction.** Stretch to the point of firm discomfort, not severe pain, and take the shoulder to its limit in every plane, including rotating the arm outwards. There is no “do not go past here” precaution after this operation.
- **Stretch little and often.** A short home stretching program done several times a day beats one long session. Re-stiffening happens between sessions, so frequency matters.
- **Control the pain so you can move.** Take your pain relief before your exercises and before your physiotherapy appointments. Good pain control is what makes the stretching possible. Many people find heat before stretching and ice afterwards helpful.
- **Go to physiotherapy often.** Aim for at least twice a week for the first six weeks. Bring this page to your first visit.

A steroid is often injected into the joint at the time of the operation to calm the inflammation and reduce the tendency to re-stiffen.

# In hospital – your first exercises

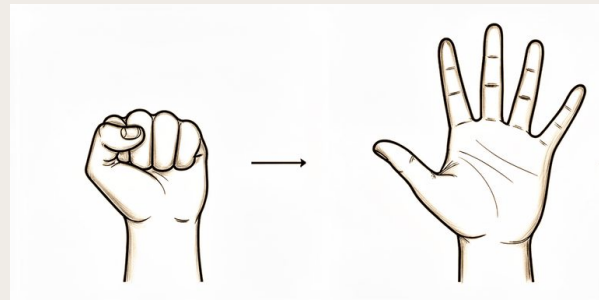


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## Wrist movement

Keep your hand moving by bending your wrist forwards, backwards and side to side.

**10 times, 3 times per day**

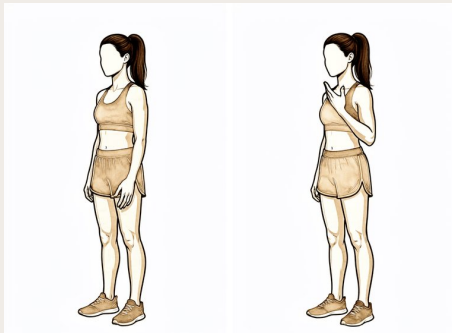


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## Open and close hand

Keep your hand and fingers moving by opening and closing them, or by squeezing a soft ball.

**10 times, 3 times per day**

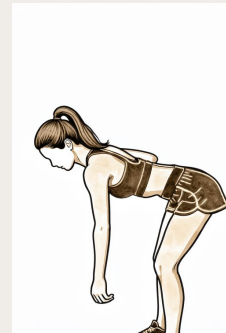


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## Elbow bends

Bend and straighten your elbow.

**10 times, 3 times per day**

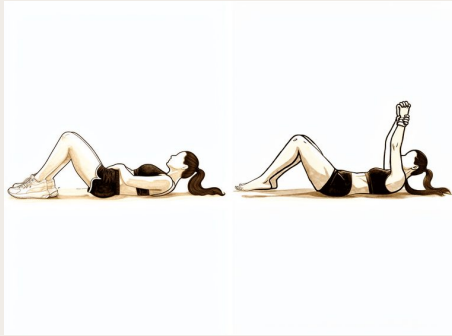


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## Pendulums

This is a relaxed, passive exercise. Lean forward and let your arm hang and relax down. Use your body to swing the arm gently in small circles, clockwise and anti-clockwise, and to and fro. Let the weight of the arm do the work, with the shoulder muscles relaxed.

**About 30 seconds each way, 3 times per day**



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### Assisted forward flexion (lying)

If you prefer, lie on your back and hold a stick (or a rolled towel) in both hands. Use your good arm to push the operated arm up over your head, as far as it will comfortably go, then lower it slowly. Push into a firm stretch each time.

**10 times, 3 times per day**

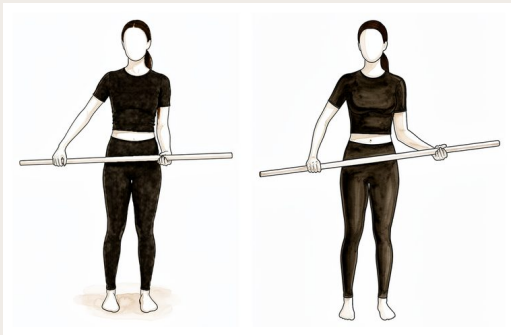


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### Assisted abduction (cradle)

Cradle the operated arm in your other arm, supporting it under the elbow, and gently rock it out to the side and back, like rocking a baby. Take it to a firm stretch out to the side each time.

**10 times, 3 times per day**

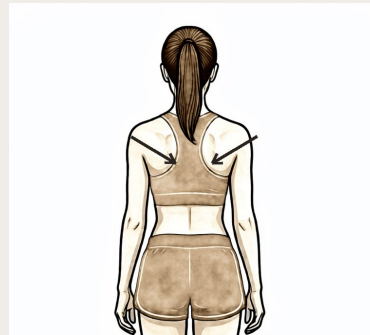


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### Assisted external rotation with a stick

Lie on your back with your elbow tucked by your side and bent to 90 degrees. Hold a stick in both hands and use your good arm to push the hand of the operated arm outwards, rotating the shoulder. Take it all the way to a firm stretch: there is no limit on how far out you go after this operation, so push the range.

**10 times, 3 times per day**



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### Lower trapezius setting

Squeeze your shoulder blades downwards and together, hold, then relax.

**Hold 5 seconds, 5 times; repeat 3 times daily**



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### Upper trapezius stretch

Use your good arm to bring your ear gently towards your shoulder, away from the operated side, until you feel a stretch up the side of the neck.

**Hold 10 seconds, 3 times; repeat 3 times per day**



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### Levator scapulae stretch

Use your good arm to bring your nose down towards your armpit on the opposite side, until you feel a stretch at the base of the neck.

**Hold 10 seconds, 3 times; repeat 3 times per day**

A physiotherapist will see you in hospital and start you on the exercises below before you go home. These keep the hand, elbow and shoulder moving and begin pushing the shoulder's range straight away. Take your pain relief beforehand so you can move freely. Do them as marked by your team, and carry on with them at home.

## Your outpatient rehabilitation

After a capsular release, rehabilitation runs in the opposite direction to operations that repair a tendon: there is nothing to protect, so the whole effort goes into keeping the movement. The shoulder is most likely to stiffen up again in the first weeks, so physiotherapy starts straight away, stays frequent, and continues for some months until your range is stable. The phases below follow the pattern of published rehabilitation protocols for this operation (the sources are listed at the end). The week ranges are typical rather than fixed: your physiotherapist will progress you on how your shoulder is moving, not on the calendar.

The journey at a glance:

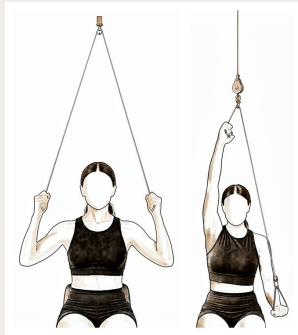
- **Phase I – Early rehabilitation** – roughly the first two weeks
- **Phase II – Keeping and restoring your range** – week 2 to 6
- **Phase III – Strengthening** – week 6 to 12
- **Phase IV – Return to full activity** – week 12 onwards

By about three weeks, movement below shoulder height usually becomes more comfortable and most of your range is back, although the arm is often still uncomfortable overhead. By about three months most people find their symptoms have largely settled, and improvement typically continues for six to nine months, sometimes up to a year.

### CQ HAND + UPPER LIMB

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# Phase I – Early rehabilitation (Week 0–2)

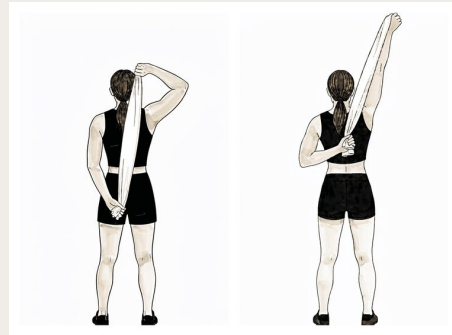


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## Over-door pulley

Sit under an over-door pulley with a handle in each hand. Pull down with your good arm to raise the operated arm overhead as far as it will go, then lower slowly. Push into a firm stretch each time, not severe pain.

**10 times, 3 to 4 times daily**

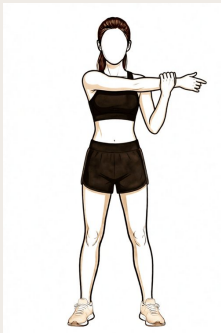


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## Behind-the-back stretch with a towel

Hold a towel behind your back with the operated hand below, and use your upper hand to draw the lower hand up your back as far as it will go. Take it to a firm stretch, then release: the stretch should ease soon afterwards.

**10 times, 3 to 4 times daily**

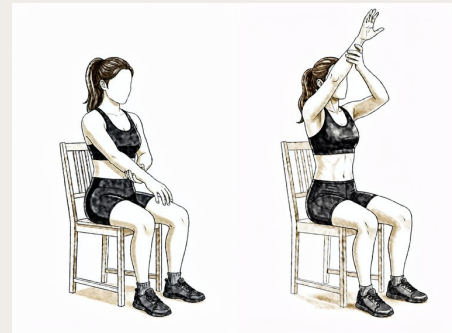


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## Cross-body stretch

Use your good hand to draw the operated arm across your chest until you feel a firm stretch at the back of the shoulder, then release.

**10 times, 3 to 4 times daily**



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## Assisted forward elevation (sitting)

Sitting and leaning forward slightly, support the operated forearm with your good hand and use it to lift the operated arm forwards and up in front of you, as far as is comfortable, then lower it slowly. Let the good arm do the work so the operated shoulder stays relaxed.

**As guided by your physiotherapist**

The goal of these first two weeks is simple: **do not lose the range you gained at surgery.** You carry on the hospital exercises at home, several times a day, and add stretches that push the shoulder to its limit in every direction. Good pain control is what makes this possible, so keep taking your pain relief before your exercises and physiotherapy sessions, and use heat before stretching and ice afterwards if it helps. Use the arm for normal

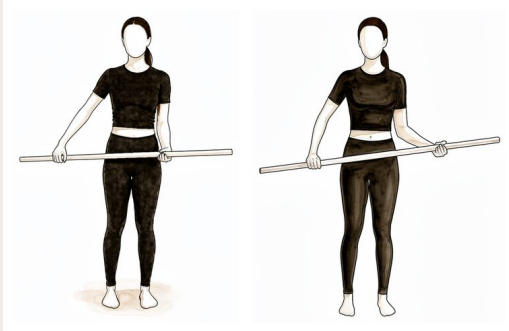
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light daily activities such as washing, dressing and eating. Push every stretch to the point of firm discomfort, not severe pain, and remember there is no plane you need to hold back from.

**Ready for the next phase when...** you are doing your home program confidently and independently several times a day, your pain is controlled enough to stretch into the range, and you are holding on to the movement your shoulder had at surgery.

## Phase II – Keeping and restoring your range (Week 2–6)

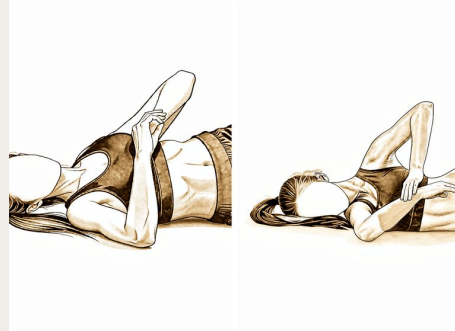


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### Wand external rotation (full range)

Continue the stick-assisted external rotation from hospital, now pushing further as the range frees up. With the elbow by your side, rotate the forearm outwards as far as it will go. Keep taking it to its full limit: pushing this range is the whole point of the operation.

**10 times, 3 to 4 times daily**



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### Sleeper stretch

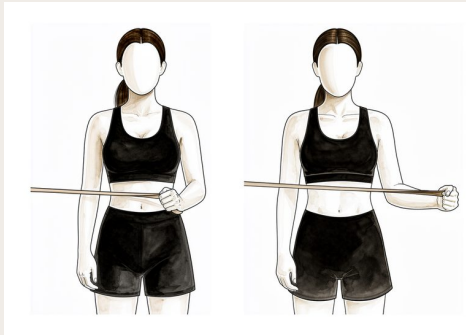
Lie on the operated side with the arm out in front and the elbow bent. Use your good hand to press the forearm down gently towards the bed, until you feel a stretch deep in the shoulder, then ease off.

**Hold 20 to 30 seconds, 3 times; 3 to 4 times daily**

This phase carries on the frequent physiotherapy and the home stretching program, done several times a day, so the movement won at surgery is not lost and the range keeps building. Your exercises progress from assisted movements towards moving the arm actively in all directions, and your physiotherapist may add hands-on joint mobilisation to help. Keep pushing range in every plane, including external rotation, to its full limit. Use the arm normally for light daily activities.

**Ready for the next phase when...** the range gained at surgery is being held or is still improving, movement below shoulder height is comfortable, and your pain has settled enough to begin gentle resistance work.

## Phase III – Strengthening (Week 6–12)



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### Band external rotation

Stand with your elbow tucked into your side and bent to 90 degrees, holding an elastic band anchored at waist height. Keeping the elbow at your side, rotate the forearm outwards against the band, then return slowly.

**2 to 3 sets of 10 to 15, 5 days per week**

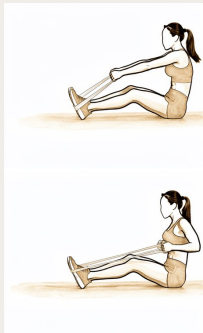


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### Band internal rotation

With your elbow tucked into your side, hold a band anchored to one side and rotate the forearm inwards across your body against the band, then return slowly.

**2 to 3 sets of 10 to 15, 5 days per week**

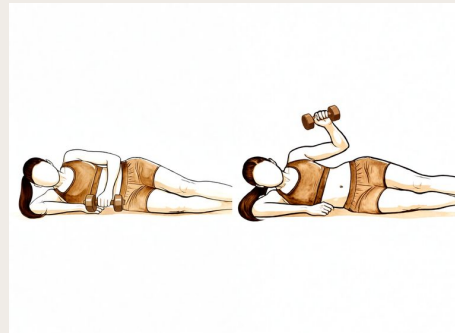


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### Low row

Hold a band anchored in front of you at waist height. Keeping your arm fairly straight, pull it back and down towards your hip, squeezing the shoulder blade down and back, then return slowly.

**2 to 3 sets of 10 to 15, 5 days per week**



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### Side-lying external rotation (light weight)

Lie on your good side with the operated elbow bent to 90 degrees and tucked against your side, holding a light weight (about 0.5 to 1.5 kg). Rotate the forearm upwards, then lower slowly: the slow lowering is the important part. Keep the work below shoulder height.

**2 to 3 sets of 10 to 15, low load**

With your range stable, attention turns to rebuilding the shoulder's strength. **Daily stretching continues throughout this phase**, because strengthening must never come at the cost of the range you have worked for. Resistance work starts gently, using elastic bands and light weights for the rotator cuff and shoulder-blade

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muscles, with low loads and higher repetitions. Normal daily activities should be largely back to usual, and lighter recreational activities typically resume during this phase, as guided by your physiotherapist.

**Ready for the next phase when...** you have full, or near-full, pain-free movement in all directions, and you can manage the strengthening exercises without a flare-up of pain or any loss of range.

## Phase IV – Return to full activity (Week 12 onwards)

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The final phase is a graduated return to heavier work, overhead tasks and sport. Formal rehabilitation usually runs three to four months in total, and the shoulder keeps improving well beyond that: most people continue to gain comfort and confidence for six to nine months, sometimes up to a year. It is worth keeping up a short stretching routine until your range looks after itself without formal exercises. Progression stays guided by how you feel, so if stiffness or pain starts to return, the answer is to ease back and restore the range, not to rest the shoulder.

## Returning to activity

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Most people are back to normal daily activities and to many kinds of work by **four to six weeks**, because recovery here is driven by keeping your range rather than waiting for tissue to heal. Heavier, more physical work and overhead sport come back gradually over the following weeks to months, as your strength returns. If at any point the shoulder starts to stiffen again, treat it as a signal to push your stretches harder and see your physiotherapist, not to rest.

## Your exercises

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## After your protocol

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The outpatient phases above are adapted from published rehabilitation protocols for arthroscopic capsular release, with recovery milestones drawn from the same sources. The week ranges are typical rather than fixed, and your ongoing rehabilitation is guided individually by your physiotherapist, working with the practice, based on how your shoulder movement recovers. This page works alongside the practice's general recovery advice: see [managing post-operative pain](#) and [wound care](#). For the operation itself and the condition it treats, see [capsular release](#) and [frozen shoulder](#).