

MANIPULATION UNDER ANAESTHETIC +/- ARTHROSCOPIC CAPSULAR RELEASE

The operation is performed under general anaesthetic.

Full range of movement is achieved during the procedure unless otherwise stated.

The procedure is done as a day case except when the patient has diabetes or other systemic problems where an overnight stay may be indicated.

Guidelines

- **A physiotherapy appointment should be arranged, prior to admission, for the day after surgery** if a day case or 2 days post op if an overnight stay is required. If this appointment has not been made an appointment needs to be made for as soon as possible.
- The patient is seen prior to discharge by the physiotherapist when passive and active range of motion is begun. It is important that the joint is taken through all planes of movement.
- **Be careful not to force elevation while the block is still active** - there is the risk of fractures and dislocations
- The patient is discharged with exercise and advice on pain control

Aims of physiotherapy

- Restore 'full' range of movement as quickly as possible through passive and active assisted exercise. Ensure the patient maintains this range with a home exercise programme.
- Encourage resumption of ADL immediately
- Exercising in water is particularly beneficial
- Strengthen rotator cuff as appropriate

The areas that often need addressing are

- Restoring mobility of the thoracic spine
- Regaining mobility of the posterior capsule which is often found to be tight
- Restoring strength in the posterior cuff muscles

8 weeks post surgery

- Patient attends for review at Consultant's outpatient clinic
- If doing well, the patient will be discharged from clinic to the care of the physiotherapist