

Manual Capsular Dissection (MCD) Procedure Post-op Information Booklet



**WORLD
FROZEN
SHOULDER
INSTITUTE Inc.**

Dr Linley Leuthard PhD
DNM, MCD-FSP,
DOMP, ICTI, CKTI

EXERCISE FREQUENCY

Welcome to being able to use your shoulder again for the rest of your life! You must do the exercises in this book regularly.

Day 1 - exercise every hour	Night 1 – exercise every hour
Day 2 - exercise every hour	Night 2 – exercise every 2 hours
Day 3 - exercise every hour	Night 3 – exercise every 3 hours

Example of exercise frequency:

If the MCD is done on Thursday at 5pm, then you will do the exercises at 6pm.

Day 1 can be short. Night 1 begins Thursday at 7pm. You will exercise every hour.

Day 2 begins on Friday at 6am. Night 2 begins Friday at 6pm.

Day 3 begins Saturday at 6am.

Days 4-7: Eight Exercise Sessions-3 reps each exercise Spread Evenly Throughout the waking hours.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st Time							
2 nd Time							
3 rd Time							
4 th Time							
5 th Time							
6 th Time							
7 th Time							
8 th Time							

Days 8-14: Four Sessions- 6 reps each Spread Out Evenly Throughout the Day							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st Time							
2 nd Time							
3 rd Time							
4 th Time							

Week 3-6: Four Sessions- 12 reps each Spread Out Evenly Throughout the Day							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st Time							
2 nd Time							
3 rd Time							
4 th Time							

**For weeks 7-12, the exercises can be done just once or twice a day.
Exercising more than this may cause pain and inflammation.**



After the MCD, you did some exercises. You must do these exercises regularly even if it is painful. “Regularly” means that you must wake up and do the exercises at night. If you do not do the exercises regularly, your frozen shoulder might return.

You can use arnica-based creams and anti-inflammatory products such as “traumeel.” You may also use a Lidocaine cream if you wish. The use of ingestible anti-inflammatory medicine (such as ibuprofen in North America) at the maximum recommended over-the-counter dose is recommended for three days after the MCD. Regular pain medication may also be taken as needed. Our patients in the past have told us that they took one Advil (Advil Nighttime) at night and then a Tylenol an hour after. They did this nightly for a week or two after the MCD. If you choose to take pain-killers regularly, please do not take them for longer than a month.

You are not alone after the MCD! We have cured many people like yourself. There are many social media groups such as our “**Real Frozen Shoulder Friends**” **Facebook group**. Join us and get in contact with former patients of ours. They may have their own advice that will help you. We are all here to give you support!

Important Instructions: Do not do additional treatments like physio or chiropractic adjustments for at least 4 weeks after the MCD Procedure. If you do, it may cause pain and inflammation. It may cause your frozen shoulder to return.

If you have any questions about these exercises, please contact us!

Note for Exercises:

Regrettably, the exercises in this book may be painful. This is normal. Push through the pain to reach the end ranges of motion. If you do not follow the exercise schedule, your range of motion may become more restricted! You must think “pain is my friend.” Push yourself to complete these exercises even though it may be painful.

Do not deviate from the exercise schedule in terms of exercise session frequency. But as time goes by, you may increase the repetitions in each session. You can start with the following:

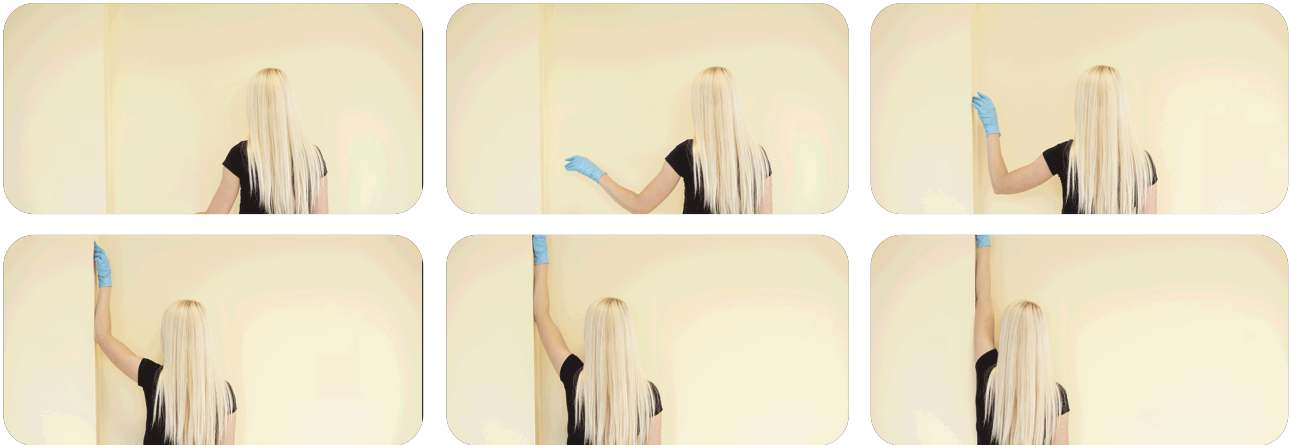
Days 4-7: Exercise session frequency of 8 per day, 3 reps of each exercise

Days 8-14: Exercise session frequency of 4 per day, 6 reps of each exercise

Week 3-6: Exercise session frequency of 4 per day, 12 reps of each exercise



Arm Raise



Step 1 : Stand in a corner of a room.

Step 2 : Raise your arm as high as you can, then slowly “walk” up the wall sideways with your fingers.

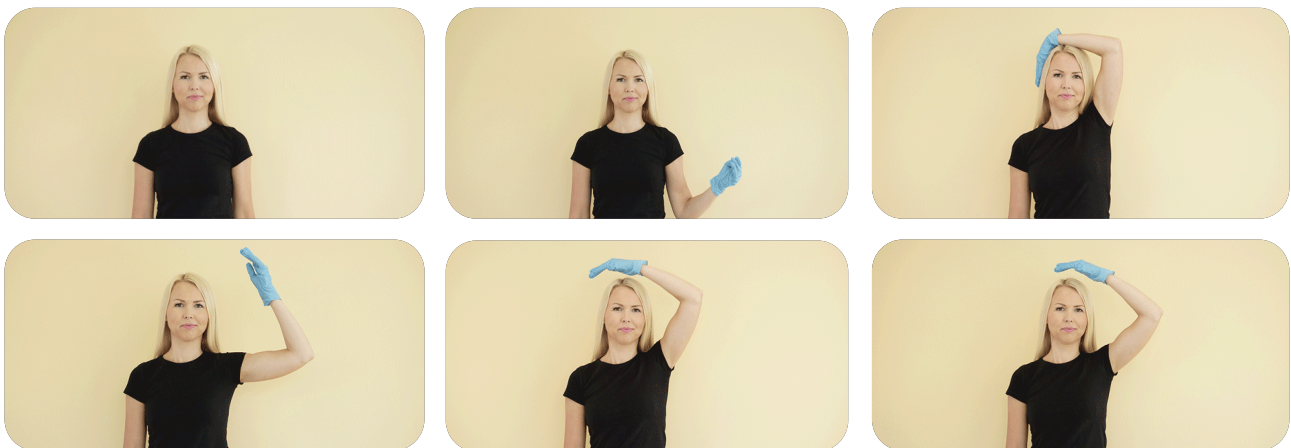
Step 3 : Turn your body away from the arm.

Step 4 : Press into the wall with your hand for 6 seconds.

Step 5 : Relax the hand and press your body into the corner.

Do exercise two times (Days 1-3)

Head Wash



Step 1 : Turn away from the corner with both hands held up together (fingers intertwined.)

Step 2 : Lower the hands slowly by bending at the elbows. **KEEP THE ELBOWS BACK.**

Step 3 : Wash head from side-to-side by bringing the hand over to the opposite ear as far as it will go.

Step 4 : Bring the hand back to the other ear.

Step 5 : Straighten the elbows again. Slowly bring arms back down. Keep elbows straight.

Do exercise two times (Days 1-3)



Overhead Raises



Step 1 : Stand with your back to a wall.

Step 2 : Put your hands together, intertwine your fingers, and straighten your elbows.

Step 3 : Raise your arms over your head and touch your hands to the wall behind you.

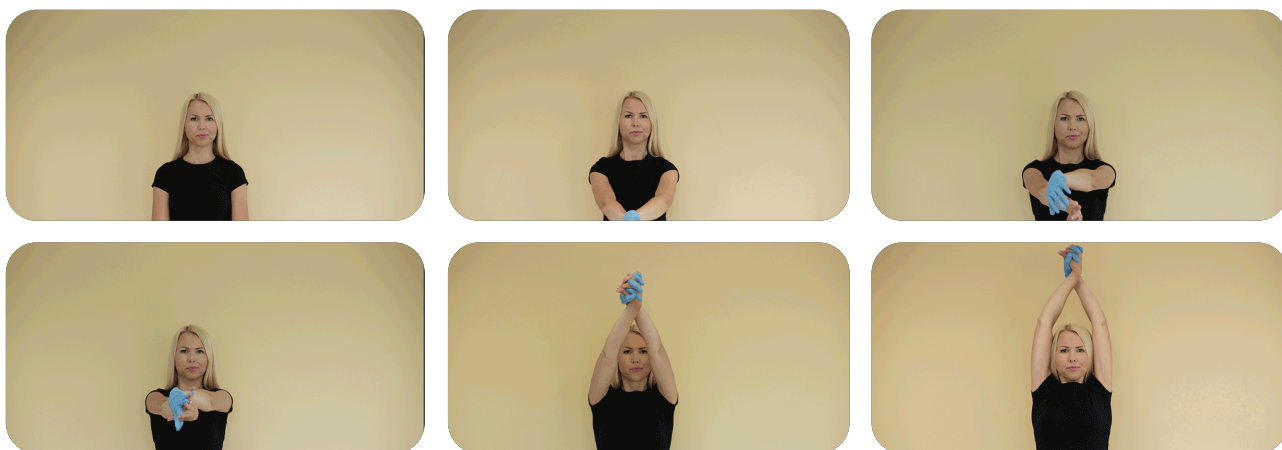
Step 4 : Hold for 6 seconds while trying to keep hips as close to the wall as possible.

Step 5 : Slowly lower your arms.

Do exercise two times (Days 1-3)

For especially painful cases: Put the index finger of the non-affected hand under the other wrist and push down on that finger as you raise your arm up. Push down on the index finger as you lower your arm. This activates muscles and makes it easier and less painful to do this exercise.

Overhead Cross (standing or lying down)



Step 1 : Stand with your back to a wall.

Step 2 : Cross your arms (affected arm on top,) straighten the elbows, and clasp hands.

Step 3 : Raise your arms over your head and touch your hands to the wall behind you.

Step 4 : Hold for 6 seconds while trying to keep hips as close to the wall as possible.

Step 5 : Slowly lower your arms.

Do exercise two times (Days 1-3)

Note: Since this is an advanced exercise, do this only when you are instructed to.

Raising Arm Sideways



Step 1 : Raise both of your arms sideways as far as you can. (You may clasp the affected hand with the other hand if you lack the strength to raise your arm fully up by itself.)

Step 2 : Straighten the elbows.

Step 3 : Touch the hands to the wall behind you.

Step 4 : Hold for 6 seconds.

Step 5 : Slowly lower your arms down sideways.

Do exercise two times (Days 1-3) Note: This exercise is to be done with your back to the wall. Our model was just camera-shy and faced the wall instead of the camera. ;)

Hand Push into Wall



Step 1 : Stand with your back against the wall.

Step 2 : Raise elbow to 90 degrees. **Ensure that someone holds the elbow in place.**

Step 3 : Put your wrist (of the affected arm) toward the wall as far as possible.

Step 4 : Push forward with the wrist into the other hand for 6 seconds. **MAKE SURE THE HAND DOES NOT COME FORWARD.**

Step 5 : Relax and push the wrist (of the affected arm) back toward the wall.

Do exercise two times (Days 1-3)

Note : There should not be any movement while pressing for 6 seconds. The focus is to get the muscles firing and when you relax, the arm will go further.



Hand Behind Back



Step 1 : Take the affected hand behind your back as far as possible.

Step 2 : Grab the wrist on the affected side with the other hand.

Step 3 : Push down with your wrist into the other hand for 6 seconds. **MAKE SURE THE HAND DOES NOT MOVE DOWN.**

Step 4 : Slowly pull your wrist down and across (toward the opposite hip)

Do exercise two times (Days 1-3)

Note : There should not be any movement when you're pushing down into the other hand. The focus is to get the muscles firing and when you relax, the arm will go further.

Push-Ups



Step 1 : Go on your hands and knees with your knees far back.

Step 2 : Bring your torso forward and lower your hips.

Step 3 : Then, bend your elbows and lower your shoulders and head.

Step 4 : Stay there for 6 seconds.

Step 5 : While pushing up, look up toward the ceiling, bring your shoulders up, then hips up.

Step 6 : Bring your hips back. Try to sit on your heels and stretch our your arms into the "Child Pose" position.

Do exercise two times (Days 1-3)

If this exercise is exceedingly difficult, you may do it standing up facing a wall.

Ideal Sleeping Position (on stomach preferred)



Ideally you will sleep on your shoulder while your affected arm is raised overhead. You can keep the elbow bent if that is more comfortable. Try to sleep like this for as long as possible until your shoulder has fully recovered. **If the pain is too great and your shoulder is telling you to stop, you may sleep in a way that is less painful.** As long as the affected arm is up over your head and the line drawn on your body is as straight as possible, you may sleep as you wish. If it helps, put an extra pillow under the elbow for more comfort.

What to Expect in the First Night and Few Days After the MCD

The first night following the MCD is the MOST critical time for patients in ensuring maximum success. It is also the most difficult night and the most painful night. If a post-op MCD patient is able to clearly follow their instructions to wake up hourly without fail and perform their prescribed recovery exercises exactly as instructed, their improvement and recovery will proceed well. To do this, however, is often not easy for some patients especially if they are particularly pain sensitive. After the MCD Procedure, the patient's arm is brought up well above their head. The end range of approximately 10-20 degrees of this restored motion will often be quite painful to do but, when the patient is there in the recovery room with the doctor, they repeatedly move it into this range. A straight line is drawn up the arm when it is up fully and the patient and their support person are told to ensure that it gets back fully to this point at least twice per hour.

Do not panic if, on the first night, you experience pain that increases in intensity peaking at 1-3am and then subsides dramatically around 4-5am. This is normal and happens to some patients.



What to Expect in the Upcoming Days and Weeks

Because we are obviously all programmed to equate pain with doing damage we are all naturally afraid of doing things that are painful. Left to their own devices on the night following the MCD Procedure, with the effect of the medication having dissipated, patients often begin to think that something went wrong or that the pain they often experience doing their exercises is not normal. As a result, they may shy away from performing the exercises, as they have been instructed, to the end range. ***If patients do not reach into their end range on the first night post-op, they will definitely begin to lose that range and will not be moving as fully the next day as they were immediately after the operation.***

The patients who have this happen often come in the next day, pleased with the significant improvement they have gained but may have lost a bit of the end range. Fortunately, the capsule will not have had enough time to re-attach and reform the adhesions so the MCD Practitioner always re-restores the final end range again for those patients in the follow up. This shows them that they can still achieve this range and quickly restores their confidence again to really do the exercises completely. **Please be assured that pain during your exercises is normal initially and that you will need to make sure you actually work into the pain ranges and do the exercises fully and as regularly as prescribed.**

Remember pain is now your friend as you gain the final range of movements

Immediately following the MCD Procedure, patients have many questions. One of the biggest questions is always whether or not what is experienced in the days and weeks after the operation is normal. Is it normal to still have pain? If some pain still exists, when will it go away? Is it normal to still have some restriction of movement in certain positions? Is it normal to have pain in the arm, hand or neck? Is it normal to still have some difficulty putting the arm up behind the back or doing the “I Surrender” position? Our clinical studies indicate that 50% of our patients no longer have any pain 1 month after the operation and almost all MCD patients no longer have any pain at 3 months post-op.

The majority who still have some pain for some time following the operation will find that the residual post-op MCD pain is quite different to the adhesive capsulitis pain. Residual post-op soft tissue pain can last for days, weeks or even a few months depending on the case and how many underlying conditions may preside. The overall post-op pain that patients experience, however, is usually considerably less than it was before the procedure. If it is still quite intense, it means that there are still some unresolved issues in the shoulder tissues which will require exercise, therapy and time to resolve. Again, be patient. You will get better and it will still be much faster than if you went for any other frozen shoulder treatment.

For more information on pain, please read the “What to Expect After the MCD” printout.



Frequently Asked Questions (FAQ)

Can I lift weights and carry bags?

Light weights such as 1-2 pound ones are fine. Lifting heavy bags isn't recommended. After your range of motion has fully returned, you may try decreasing the frequency of the exercises in this book while increasing the repetitions of each exercise. This will serve to strengthen the muscles and tendons. Doing high repetitions to the point of fatigue is not recommended and must not be done at all until full range of motion has returned.

Can I do sports activities such as swimming?

Yes as long as you feel that the previously frozen shoulder is not being aggravated. If patients listen to their shoulders and don't over-exert themselves, activities like swimming and yoga are very beneficial to the healing process.

Should I take my pain killers?

If you are able to go into the end ranges of motion during your exercises and if you are able to sleep well without taking pain killers, then feel free to stop taking them. If the pain is too great to otherwise fully do the exercises (pushing through some pain to get to the end ranges of motion), then please continue taking your pain killers for as long as it is necessary to facilitate doing the exercises properly. Although you might be prescribed **hydrocodone**, **DO NOT take it for more than 3 days**. It can make you feel quite ill. Side effects include constipation, nausea, sleeplessness, dizziness, vomiting, pruritus, headache, dry mouth, asthenia, and sweating. Moreover, it is highly addictive with serious withdrawal symptoms such as muscle and bone pain, depression, diarrhea, chills, insomnia, vomiting and nausea. **Lastly, DO NOT get any injections into the affected arm.**

Are there any preventative measures I can take to ensure I don't get adhesive capsulitis in my other shoulder? I feel a similar pinch in my other shoulder.

The exercises in this booklet should be done bilaterally (both shoulders) for the rest of your life. This is important in terms of prevention. There are additional exercises that are beneficial. For example, find a horizontal bar and hang from it for 15-20 seconds (or as long as comfortable) then relax. Then hang again. Also, lateral pull-downs at a low weight are good.

I'll be flying home soon. Do I still do the exercises on the plane/in the car/on the train?

Yes. It is essential that you follow the exercise schedule. Find a spot at the back of the train/plane and do the exercises there. If in a car, modified versions of the exercises (with the exception of the push-up) can be done while sitting.



Frequently Asked Questions (FAQ)

Can I use heat or ice on my shoulder?

Our general advice is no direct ice or heat on the shoulder. Ice interferes with the body's healing response whereas heat can cause inflammation to reoccur.

Do I have to sleep exactly like in the pictures of the ideal sleeping position?

You should try to, but as long as your arm is up over your head and the blue line that your MCD Practitioner drew is as straight as possible, you may sleep how you wish. Sleep is important to the healing process.

Is it normal after five days to still have a lot of pain?

Each and every case of frozen shoulder adhesive capsulitis is different but there are some general observations we have made over the last two decade. Although a small number of patients surprisingly have no pain the day after the operation, most do still have some pain for a period of time following the procedure during their healing and recovery phase. Many have no pain at all other than when they reach the end ranges of movement during their post-op MCD recovery exercises while others still experience various forms and locations of pain for some time after. Yes, what you're feeling is normal. You can try and push through the pain and do the exercises but if it's too painful, you'll still recover (albeit more slowly) if you do the exercises and go just a little beyond the part where it starts to hurt. So, don't stop before the pain--continue just a little past.

Post-MCD pain is usually different from pre-MCD adhesive capsulitis pain. This is because, after the adhesions are separated and motion restored, the shoulder joint is no longer severely impacted and swollen meaning that the pain originating specifically from the "capsulitis" (swollen capsule) will be gone or largely reduced. Any remaining pain will actually be mostly coming from any associated muscles, tendons and tissues, in and attaching to the shoulder joint, which are damaged, swollen or still in a state of repair. These other involved tissues and physical structures will still need some rehabilitative exercise and/or therapy, post-op MCD, to restore them to normal. The good news is that, once motion of the shoulder joint has been largely restored, rehabilitation of the associated shoulder tissues will finally be possible and conditions like bursitis or tendinitis can begin to heal. When the shoulder joint is still frozen these tissues cannot and will not heal regardless of how much physical therapy is applied or exercise done. Post-op MCD patients just need to be aware that the recovery process and healing will sometimes still take a number of weeks or even a few months so they need to have patience!

Trigenics® often helps where all else has failed!

Trigenics® is an advanced neurological muscle assessment, treatment, and training system that instantly reprograms the way the brain communicates with the body. It immediately relieves pain, amplifies strength and movement, and treats conditions such as headaches, neck pain, back pain, sciatica, torticollis, tennis elbow, asthma, trigeminal neuralgia, stroke, and fibromyalgia.

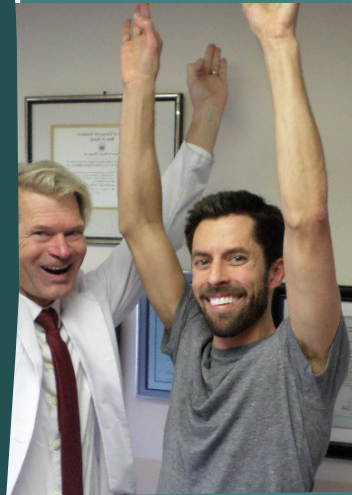
For a complete list of conditions treated and to find a Registered Trigenics® Practitioner near you, go to www.trigenics.com



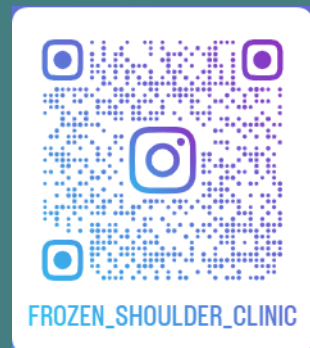
- facebook.com/FrozenShoulderClinic
- youtube.com/@FrozenShoulderClinic
- instagram.com/frozen_shoulder_clinic
- reddit.com/r/frozenshoulder
- reddit.com/r/FrozenShoulderCure

Follow us on social media! We need people like you to participate in the online discussions and help us spread the word on how to cure frozen shoulder! SCAN QR CODE or See websites above!

Patients who have had the Posture Pump product recommended to them can go to posturepump.com for more information.



Shawn Hansen celebrates one day after his MCD Procedure



CONTACT US

Help@FrozenShoulderClinic.com