

# What Is the Right Timing for Arthroscopic Capsular Release of a Frozen Shoulder? Response

## Authors' Response:

Thank you for your comments regarding our paper. We acknowledge that it would be very helpful to have a control group to compare with the surgical treatment and encourage others to do randomized clinical trials to evaluate such. We hypothesize that the long-term outcomes may well be similar, but in our minds and with absolutely no doubt, in the short term, patients who have had capsular release get almost immediate relief of pain and symptoms and dramatic improvements in range of motion. We have not seen this with any injections or physiotherapy. The shoulder capsule with frozen shoulder is often very thick, up to 7 mm.

In terms of complications, we did report on the complications in this and other publications, and the good news is we had no complications, ie, no infections, no axillary nerve injury, and no long-term arthritis. We acknowledge that axillary nerve injuries are theoretical complications. However, in my practice, I have never seen a patient with

axillary nerve injury after a capsular release, either by myself or by another surgeon. As long as the surgeon makes the release close to the labrum, the nerve is not under threat. I would, however, like to emphasize the importance of physiotherapy postsurgery. It is very important not to use a sling and for the physical therapist to be very aggressive in terms of rehab to maintain that range of motion post-capsular release. We recommend at least 3 sessions per week for 6 weeks. We make sure patients have no limitations to their movements and encourage them to use the shoulder as much as possible.

Once again, thanks for your comments.

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