

Alta View Sports Medicine



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Shoulder Impingement with Subacromial Decompression/Distal Clavicle Excision/ Arthroscopic Shoulder Debridement Physical Therapy Protocol

General Guidelines: The included protocol is intended to be a guideline for the therapist in assisting the patient having undergone shoulder arthroscopy for shoulder impingement (including procedures such as a subacromial decompression/bursectomy, distal clavicle excision, otherwise unspecified shoulder debridement) without a rotator cuff repair. Given the intact integrity of the rotator cuff tendon, motion can be advanced as tolerated and rotator cuff strengthening can begin once full motion is achieved. The overall speed of progression is determined by the therapist upon achieving the designated goals. Determined length of therapy is 2-3 times weekly for 6-10 weeks with emphasis on a home exercise program. Modalities may be used as needed.

Rehabilitation Protocol

Phase 1: 0-2 weeks postop

Physical therapy can start within 1 week of surgery

Goals: Control pain, diminish swelling, begin early shoulder motion

Restrictions:

- For biceps tenodesis—may perform active elbow flexion, no lifting for 6 weeks

Sling: To continue to use sling for comfort for 2-3 weeks postop except during supervised therapy or home exercises in a controlled environment.

Exercises:

- Elbow, wrist, finger ROM
- Passive assisted pendulum and codman motions
- Supine assisted passive forward flexion
- Supine shoulder internal/external rotation

- Shoulder shrug
- Scapula retraction
- Cardiovascular conditioning
- Lower extremity strengthening

Phase 2: 2-6 weeks postop

Goals: Control pain, regain full passive range of motion, begin active range of motion, return to functional use of shoulder/arm

Restrictions:

- For biceps tenodesis—may perform active elbow flexion, no lifting for 6 weeks
- Advance to AROM once full PROM is achieved

Exercises:

- Continue Phase I
- Advance PROM/AAROM shoulder stretching to achieve full motion
- Stick exercises in forward flexion, extension, internal rotation, external rotation, abduction
- Pulley exercises
- Table slides
- Sidelying active ER/IR
- Supine AAROM/AROM forward flexion
- Active Prone Rowing
- Active Prone Horizontal Abduction/Extension/Flexion
- Continue lower extremity strengthening
- Continue cardiovascular training

Phase 3: 6-12 weeks postop

Goals: Maintain full shoulder range of motion, begin rotator cuff and peri-scapular muscle strengthening, return to functional activity

Exercises:

- Continue Phase 2 stretching exercises
- Rotator cuff isometrics
- Closed chain wall circles, clock rotation
- Theraband Exercises
 - Train patient on daily home exercise routine
- Supine Scapula Protraction/Retraction
- Sidelying ER/IR, 1 lb progress to 5 lb weights
- Prone Horizontal Abduction, 1 lb progress to 5 lb weights
- Prone Horizontal Abduction in ER, 1 lb progress to 5 lb weights
- Biceps Curls, 5lbs and advance
- Triceps Curls/Prone Rowing, 5 lbs and advance
- Continue cardiovascular training
- Continue lower extremity strengthening

Phase 4: 3-4+ months postop

Goals: Maintain full active range of motion, advance rotator cuff and shoulder strengthening, return to full activity and sport

Exercises:

- Slowly advance weight lifting regimen without pain
- Continue theraband exercise routine 3x weekly for 30 min
- Advance proprioception, neuromuscular activities
- Plyometric shoulder exercises depending on symptoms
- Push up progression
- May begin light non-contact sports with progression of activity depending on symptoms:
 - Golf putting/chipping with tee→hitting off tee→full play
 - Tennis: two-hand tennis strokes→advance ground strokes→advance to serving
 - Swimming: freestyle and backhand stroke if without pain during/after activity
- Overhead throwing athletes—gradual, progressive throwing program
- Maintenance program for shoulder strengthening