REHABILITATION PROTOCOL

SHOULDER
SUBACROMIAL DECOMPRESSION
AND/OR
PARTIAL ROTATOR CUFF DEBRIDEMENT
AND/OR
DISTAL CLAVICAL EXCISION

Developed: 3/2006
Revised: _______
Special note: This protocol is only a guideline and not intended to substitute for appropriate clinical decision making by the clinician. If a clinician requires assistance, the clinician should consult with the referring surgeon.

This rehabilitation program’s goal is to return the patient/athlete to their activity/sport as quickly and safely as possible. The program is based on muscle physiology, biomechanics, anatomy and healing response.

PHASE I – IMMEDIATE MOTION PHASE (0-2 weeks)

Goals:
- Re-establish non-painful Range of Motion
- Retard Muscular Atrophy
- Decrease pain/inflammation
- Re-establish dynamic stabilization

Range of Motion:
- Passive Range of Motion
- Pendulums Exercise
- Pulley Exercises
- Wand exercises
  - Flexion/Extension
  - Abduction/Adduction
  - ER/IR (Begin at 0 degrees AB, progress to 45 degrees AB, then 90 degrees AB)
  - Active elbow, wrist and hand

Self-stretches (capsular stretches)
- Inferior
- Posterior

Strengthening Exercises:
- Isometrics
  - Flexion, extension, abduction, IR, ER, Biceps

May initiate tubing for ER/IR at 0 degrees AB late phase
Light wrist PRE’s and hand strengthening.

Decrease Pain/Inflammation:
**PHASE II – INTERMEDIATE PHASE (2-6 weeks)**

**Goals:**
- Regain & Improve Muscular Strength
- Normalize Arthrokinematics
- Improve Neuromuscular Control of Shoulder Complex
- Diminish Pain

**Criteria to Progress to Phase II**
- Full ROM
- Minimal Pain & Tenderness

**Exercises:**
- Initiate Isotonic Program with Dumbbells
  - Start light with ½ to 1 pound and progress only as tolerated based on pain and quality of performance and motion.
  - Shoulder musculature and Scapulothoracic
    - Elevations
    - Prone rowing
    - Prone horizontal abduction
    - Side-lying ER
    - Shoulder abduction to 90, greater in late phase
    - Shoulder extension to neutral
    - Band exercises

- Normalize Athrokinematics of Shoulder complex
  - Joint Mobilization
  - Control Wand ROM

- Initiate Neuromuscular Control Exercises

- Initiate Trunk Exercises

- Initiate UE Endurance Exercises

**Decrease Pain/Inflammation:**
- Continue use of modalities, ice, as needed
PHASE III – DYNAMIC STRENGTHENING PHASE (6 to 12 weeks)

Goals:
- Improve Strength / Power/Endurance
- Improve Neuromuscular Control
- Prepare athlete to begin to throw
- Prepare worker to simulate job tasks

Criteria To Enter Phase III:
- Full non-painful ROM
- No pain or tenderness

Emphasis of Phase III:
- High speed, high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns

Exercises:
- Continue dumbbell strengthening (supraspinatus, deltoid)
- Initiate Tubing exercises in the 90/90 degree position for ER/IR (slow/fast sets)
- Tubing exercises for scapulothoracic musculature
- Tubing exercises for biceps
- Initiate Plyometrics for RTC
- Initiate Diagonal Patterns (PNF)
- Initiate Isokinetics
- Continue endurance exercises: neuromuscular control exercises

PHASE IV – RETURN TO ACTIVITY PHASE (12 weeks+)
(Note: Return to sport or work may occur early based on physician decision)

Goals: Progressively Increase Activities to prepare patient for full functional return to sport or work.

Criteria To Progress to Phase IV:
- Full ROM
- No pain or tenderness
- Satisfactory Clinical Exam
- Normal shoulder mechanics

Exercises:
- Initiate Sport or Work Interval Program
- Continue all exercises as in Phase III
  (Throw and Train on Same Day), (LE and ROM on Opposite Days)
- Progress Interval Program
REFERENCES
