

American Health Network Bone and Spine

Shoulder Arthroscopy Postoperative Protocol

Dr. Aaron Coats

Philosophy

The following is an outline of the post-operative rehabilitation program following sub-acromial decompression procedures utilized at American Health Network Bone and Spine. This protocol is to be utilized as a guideline. There will always be individual differences regarding progression and/or tolerance of specific activities.

Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist's confidence level. The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of glenohumeral joint irritation, tendonitis, instability, effusion, and deviation from normal scapulothoracic rhythm. The Patient's home exercise program is of utmost importance and should be monitored and emphasized.

Remember, basic rehabilitation is nothing more than creating the optimal environment for the natural response of healing to occur without compromising function of tissue healing.

If you have any questions regarding this protocol, please contact Dr. Aaron Coats at American Health Network Bone and Spine at

Phase I: 0-2 weeks

Protective Phase- reduce pain and inflammation, establish scapular awareness, ROM as tolerated, prevent effects of immobilization

- Wound management
- Wear the sling for 48 hours
- PROM and AAROM exercises as tolerated- pendulum, t-bar
- C-spine, elbow, and wrist AROM
- Initiate scapular stabilization/shoulder retraction and core strengthening.
- Strengthening- **No resisted abduction for 4 weeks**, light strengthening until full ROM/normal scapulothoracic rhythm achieved with submaximal intensity and isometrics
- Modalities as needed.

Phase II: 2-6 weeks

Intermediate Phase- eliminate pain and inflammation, improve neuromuscular control, work towards full ROM, strength work below 90 degrees elevation.

- Full PROM by 6 weeks
- AAROM and AROM exercises- begin to increase abduction with t-bar, pulleys, etc.
- Strengthening- **no resisted abduction for 4 weeks**. Theraband scapular retraction variations, IR, ER, FF as tolerated; quadruped activities, wall pushup, prone trunk extension variations, trunk rotation exercises, wall dribbles, others as indicated.
- Light PNF and kinesthetic awareness drills
- Core stability/trunk stabilization and cardiovascular exercise.
- Aim: Active forward flexion and abduction to horizontal by 6 weeks without hiking.

Phase III: 6-12 weeks

Strengthening Phase- increase strength, endurance, power, neuromuscular control with overhead activities, prepare for return to activity, no impingement upon exam.

- Aggressive stretching as needed
- Painless and full ROM by 6 weeks
- Strengthening in OKC, CKC, eccentric and concentric loading, isokinetics, and plyometrics (planks, chair dips, band diagonals, overhead pulls or throwing simulation, ball body weave, scaption, rocky punches, Swiss ball walk outs/push ups, others as indicated)
- Core strengthening
- PNF/proprioceptive exercises

Phase IV: 12 + weeks

Return to Activity- full ROM and strength, able to gradually resume all previous activities. Please note it can take 9 months following surgery until the post-operative symptoms have settled!

- Continue strengthening, increasing weight, endurance, speed, etc.
- Lunges with loaded trunk rotation, full push ups with or without variations, football press aways, medicine ball passes in supine and standing, overhead press with squat->stand, side plank with variations.