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REHABILITATION GUIDELINES FOLLOWING SHOULDER ARTHROSCOPY Aaron M. Bott M.D.

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Restrictions or precautions may also be given to protect healing.

Phase I Surgery to 2 Weeks

Appointments	Physician: 10-14 days postoperatively Physical Therapy: 3-5 days postoperatively 1-2x/week
Guidelines	<ul style="list-style-type: none"> • Sling: The sling is utilized for comfort only. It should be weaned from use within a few days of surgery. The sling doesn't need to be worn at night. • Motion Precautions: <ul style="list-style-type: none"> -Early motion exercises should be performed passively or active-assisted -Avoid active shoulder motion exercises during Phase I -Active elbow and wrist ROM exercises are encouraged immediately • Cryotherapy and NSAIDs are useful to reduce inflammation and pain • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Passive and active-assisted shoulder ROM exercises <ul style="list-style-type: none"> -Codman's -Pulleys -Cane exercises in all planes of motion except horizontal adduction • Gentle shoulder mobilizations as needed • Active elbow, forearm, and wrist ROM exercises • Active cervical spine and scapular ROM exercises
Strengthening Exercises	<ul style="list-style-type: none"> • Submaximal shoulder isometrics at 7 days postoperatively • Grip strengthening exercises • Postural exercises
Aerobic Conditioning	<ul style="list-style-type: none"> • Stationary bike/Walking • Avoid high-impact aerobic conditioning
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • Full passive ROM • Full strength in internal and external rotation with the arm at the side

SHOULDER ARTHROSCOPY
Phase II 2 to 6 Weeks Postop
Aaron M. Bott M.D.

Appointments	Physician: 6 weeks postoperatively Physical Therapy: 1x/1-2 wks
Guidelines	<ul style="list-style-type: none"> • Restore active motion in a controlled fashion • Strengthen shoulder and scapular stabilizers in protected position (0° - 45° abduction) • Begin proprioceptive and dynamic neuromuscular control retraining • Correct postural dysfunctions • Avoid repetitive overhead activities • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Active ROM exercises in all cardinal planes – assessing scapular rhythm • Active cervical spine and scapular ROM exercises • Gentle shoulder mobilizations as needed
Strengthening Exercises	<ul style="list-style-type: none"> • Rotator cuff strengthening in non-provocative positions (0° - 45° abduction) • Scapular strengthening and dynamic neuromuscular control • Postural exercises • Core strengthening
Aerobic Conditioning	<ul style="list-style-type: none"> • Stationary bike • Walking • Stairmaster • Avoid high-impact aerobic conditioning
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • Full active ROM • Full strength in internal and external rotation with the arm at 45° of abduction

SHOULDER ARTHROSCOPY
Phase III 6 to 12 Weeks Postop
Aaron M. Bott M.D.

Appointments	Physician: 6 weeks and 12 weeks postoperatively Physical Therapy: 1x/2-3 weeks
Guidelines	<ul style="list-style-type: none"> • Advance proprioceptive and dynamic neuromuscular control retraining • Correct postural dysfunctions with work and sport specific tasks • Goals include full supraspinatus and infraspinatus strength and full active multiplanar ROM • Post-rehab soreness should be alleviated within 12 hours of activity • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Multiplane active ROM exercises with gradual increase in velocity of movement - assessing scapular rhythm • Sleeper stretches to limit posterior capsular tightness • Active cervical spine and scapular ROM exercises • Gentle shoulder mobilizations as needed
Strengthening Exercises	<ul style="list-style-type: none"> • Rotator cuff strengthening at 90° abduction, provocative positions, and work/sport specific positions. • Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions • Postural exercises • Core strengthening • Begin education in sport specific biomechanics with very initial program for throwing, swimming or overhead racquet sports.
Aerobic Conditioning	<ul style="list-style-type: none"> • Walking • Stationary bike • Stair master • Running • Avoid swimming until the patient has full cuff strength and negative impingement signs
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • Full multiplane active ROM • Full supraspinatus and infraspinatus strength

SHOULDER ARTHROSCOPY
Phase IV 12 Weeks to 6 Months Postop
Aaron M. Bott M.D.

Appointments	Physician: 3 months and 6 months postoperatively Physical Therapy: 1x/2-3 wks
Guidelines	<ul style="list-style-type: none"> • Advance proprioceptive and dynamic neuromuscular control retraining • Correct postural dysfunctions with work and sport specific tasks • Develop strength and control for movements required for work or sport • Postrehab soreness should be alleviated within 12 hours of activity • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Multiplane active ROM exercises with gradual increase in velocity of movement - assessing scapular rhythm • Sleeper stretches to limit posterior capsular tightness • Shoulder mobilizations as needed
Strengthening Exercises	<ul style="list-style-type: none"> • Rotator cuff strengthening at 90° abduction, provocative positions, and work/sport specific positions - including eccentric strengthening, endurance and velocity specific exercises. • Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions. • Work and sport specific strengthening • Core and lower body strengthening • Throwing program, Swimming program or overhead racquet program as needed
Aerobic Conditioning	<ul style="list-style-type: none"> • Design to use work or sport specific energy systems
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria/Return to Work and Sports	<ul style="list-style-type: none"> • Motion, strength, and endurance equal to contralateral side without recurrence of pain/discomfort