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REHABILITATION GUIDELINES FOR SHOULDER ARTHROSCOPY
 (INCLUDING SUBACROMIAL DECOMPRESSION, MUMFORD PROCEDURE AND/OR
LABRAL DEBRIDEMENT)

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. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

PHASE I (Surgery to 3 weeks or until progression criteria is met)

APPOINTMENTS	Meet with the physician at 1 week post op Begin physical therapy within 3-5 days of surgery
REHAB GOALS	1. Reduce pain and swelling in the post surgical shoulder 2. Regain full PROM/AAROM 3. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints
PRECAUTIONS	1. Avoid activities that may impinge on the denuded bone of the acromion 2. Use sling as needed for comfort 3. Relative rest to reduce inflammation
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Begin 7 days post op, sub-maximal shoulder isometrics for IR/ER, flex/ext & abd/add • Shoulder AATOM/PROM: codmans, pulleys, cane exercises in all planes of motion except horizontal adduction (these should stay relatively pain free) • Gentle shoulder mobilizations as needed • Hand gripping • Elbow, forearm and wrist AROM • Cervical spine and scapular AROM • Postural exercises
CARDIOVASCULAR FITNESS	Walking, stationary bike (Avoid running and jumping due to the distractive forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to Phase II when they have achieved full PROM and 5/5 strength for IR/ER at side

PHASE II (Begin when patient has met criteria from Phase I, ~4-5 weeks post op)

APPOINTMENTS	Meet with the physician at 4 weeks post op
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	Physical therapy 1x/ 1-2 weeks
REHAB GOALS	<ol style="list-style-type: none"> 1. Controlled restoration of AROM 2. Strengthen shoulder and scapular stabilizers in protected position (0-45 degrees abduction) 3. Begin proprioceptive and dynamic neuromuscular control retraining 4. Correct postural dysfunctions
PRECAUTIONS	<ol style="list-style-type: none"> 1. Avoid repetitive overhead activities 2. Post rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • AROM in all cardinal planes – assessing scapular rhythm • Gentle shoulder mobilizations as needed • Rotator cuff strengthening in non-provocative positions (0-45 degrees abduction) • Scapular strengthening and dynamic neuromuscular control • Cervical spine and scapular AROM • Postural exercises • Core strengthening
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to Phase III when they have achieved full AROM (equal to uninjured side) and 5/5 strength for IR/ER at 45 degrees abd

PHASE III (Begin when patient has met criteria from Phase II, ~ 7-8 weeks)

APPOINTMENTS	Meet with the physician at 8 weeks post op Physical therapy 1x/2-3 weeks
REHAB GOALS	<ol style="list-style-type: none"> 1. 5/5 rotator cuff strength at 90 degrees abduction and supraspinatus 2. Full multi-planar AROM 3. Advance proprioceptive and dynamic neuromuscular control retraining 4. Correct postural dysfunctions with work and sport specific tasks
PRECAUTIONS	<ol style="list-style-type: none"> 1. Post-rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Multi-plane AROM with gradual increase in velocity of movement – assessing scapular rhythm • Gentle shoulder mobilizations as needed • Rotator cuff strengthening in at 90 degrees abduction, provocative positions and work/sport specific positions • Cervical spine and scapular AROM • Postural exercises • Core strengthening
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster and running (Avoid swimming until athlete has 5/5 rotator cuff strength at 90 degrees abduction and negative impingement signs)
PROGRESSION CRITERIA	Patient may progress to Phase IV if they have achieved full

	multi-plane AROM (equal to uninvolved side) and 5/5 strength for IR/ER at 90 degrees abd and full supraspinatus strength
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PHASE IV (Begin when patient has met criteria from Phase III, ~10-12 weeks)

APPOINTMENTS	Meet with the physician at 12 weeks post op and when goals from Phase IV are met. Physical therapy 1x/2-3 weeks
PHASE IV GOALS	<ol style="list-style-type: none"> 1. 5/5 rotator cuff strength at 90 degrees abduction and supraspinatus 2. Advance proprioceptive and dynamic neuromuscular control retraining 3. Correct postural dysfunctions with work and sport specific tasks 4. Develop strength and control for movements required for work or sport
PRECAUTIONS	<ol style="list-style-type: none"> 1. Post-rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Multi-plane AROM with gradual increase in velocity of movement – assessing scapular rhythm • Shoulder mobilizations as needed • Rotator cuff strengthening in at 90 degrees 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
CARDIOVASCULAR FITNESS	Design to use work or sport specific energy systems
PROGRESSION CRITERIA	The patient may return to sport after receiving clearance from the Orthopedic surgeon and the physical therapist/athletic trainer. This will be based on meeting the goals of this phase