



Gehron Treme MD, Andrew Veitch MD, Dustin Richter MD, Christopher Shultz MD
UNM SPORTS MEDICINE

1213 University Blvd NE, MSC10 5600, 1 University of New Mexico; Albuquerque, NM 87131-0001

Phone: 505-272-2231 Fax: 505-925-4015

Post-operative Rehabilitation Protocol

General Shoulder Arthroscopy

(Debridement, Subacromial Decompression, and/or Distal Clavicle Resection)

0-2 weeks post op

- Modalities as needed
- Sling until comfortable, or until follow up with doctor. May remove for sleep and stretching/ROM exercises
- Most patients are fully out of sling by 1-2 weeks post op
- RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral
- Scapular exercises—elevation with shrugs, depression, protraction, retraction with manual resistance
- Active/assisted/passive ROM with shoulder pulleys in all directions as tolerated, progress to full
 - Flexion 90°
 - Abduction 90°
 - IR 90°
 - ER 45°
- Avoid horizontal adduction stretching for six weeks with distal clavicle resection

2 weeks post op

- RC exercises IR/ER with Theraband or tubing with arm abducted 20-30°
- If able, may progress further as below

4-6 weeks post op

- Continue as above
- Advance ROM as tolerated
- Begin isotonic core rotator cuff strengthening, advance the weight on all exercises to 6-8 pounds, 5-6 sets of 15-20 reps
 - Prone flexion with thumb up—arm at 90°, flex arm forward fully, 12 o'clock position
 - Prone abduction to 100° with thumb up—arm at 90° in prone, abduct arm into scapular plane level with body (2 o'clock position for right shoulder surgery)
 - Prone abduction to 45° with thumb up—arm at 90° in prone, abduct arm level with body (4 o'clock position for right shoulder surgery)
 - Prone extension with arm at max ER—arm at 90° in plane of scapula (6 o'clock position)
 - Scaption to 90°--thumb pointing up, elevate arm in plane of scapula (empty can position)
 - Scaption to 60°--thumb pointing down, elevate arm same as above, but stop at 60°
 - Standing or side lying ER—externally rotate arm in 20-30° abduction (pillow helps with position)

- Begin isotonics for SC strengthening, progress as heavy as tolerated
 - Elevation—continue with shrugs, vertical motion only, do not roll shoulders
 - Depression—seated press ups: hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulae (not a dip motion), use hand blocks to increase height when able
 - Protraction—supine, 2” punches, arm flexed to 90°, elbow locked, motion is from scapula as arm is “punched” forward, use hand weights, move to push ups with a plus (push up position and perform same movement with body weight) when able
 - Retraction—prone rows, arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapulae pinching them together
- Proprioception exercises—rhythmic stabilization, physioball balance exercises, etc.
- PNF patterns D1 and D2 resistance as tolerated
- Isokinetic exercises with 60° block at 30-45° abduction 180, 150, 120, 90, 60°/sec 15 reps up and down spectrum

6 weeks post op

- Begin conventional weight lifting with machine weights and progress slowly to free weights as desired
- Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able 240, 270, 300, 330, 360°/sec and up, 15 reps each speed up and down spectrum

Return to Sport/Activity

- Doctor OK
- Passing strength test if requested
- Completion of throwing program if requested
- NO pain with full ROM (Neer or Hawkins tests negative)