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REHABILITATION PROTOCOL- Nonoperative Shoulder impingement/cuff

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

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PHASE 1 (~0-2 weeks)

REHAB GOALS	1. Gradual restoration of ROM 2. Minimize swelling & pain
PRECAUTIONS	1. Avoid active abduction 2. Ice/modalities as needed for pain
RANGE OF MOTION EXERCISES	○ Passive stretching only if loss of ROM ○ Posterior shoulder stretches if thrower ○ Sport specific hip/LE stretches ○ Soft tissue mobilizations/techniques as tolerated
SUGGESTED THERAPEUTIC EXERCISES	○ As above ○ LE and core activities when pain tolerates ○ Prone shoulder extension w/ER, side lying ER, scapular orientation exercises ○ Higher level athlets- balance/proprioception begin 2 leg, progress to unilateral, unstable surface, etc
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical (no UE), stairmaster within pain tolerance Pool running/treadmill walking as tolerated
PROGRESSION CRITERIA	○ Full passive & active ROM in all planes, minimal pain at end range (exception of abduction) ○ Painless resisted rotator cuff testing ○ No scapular dyskinesia

PHASE 2 (~3-8 weeks)

REHAB GOALS	1. Achieve ROM goals 2. Begin strengthening 3. Minimize pain and swelling

PRECAUTIONS	1. Avoid repetitive overhead activity & active abduction 2. Ice as needed after activity
RANGE OF MOTION EXERCISES	○ Continue phase 1 exercises ○ Glenohumeral/scapular mobilizations as needed
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 1 exercises ○ Forward flexion side lying with dumbbell, prone abduction w/ER, prone extension w/ER, wall pushups ○ Rotator cuff isotonics progress to standing IR/ER. When good scapular control progress to:standing/prone full can scaption, prone ER at 90 abduction, D2 flexion PNF ○ Rhythmic stabilization, small medicine ball against wall ○ Bodyblade- IR/ER at 0, progress to 90 abduction ○ LE plyometrics
CARDIOVASCULAR EXERCISE	Continue phase 1 Jog/run progression
PROGRESSION CRITERIA	○ Full, nonpainful active ROM ○ At least 70% strength of contralateral ○ No pain/tenderness

PHASE 3 (~9-24 weeks)

REHAB GOALS	○ Maintain ROM ○ Improve scapular, cuff strength ○ Minimize pain ○ Return to sport/work
PRECAUTIONS	
RANGE OF MOTION EXERCISES	○ Continue exercises from phase 2. ○ Mobilizations as needed ○ Posterior shoulder/pec stretches for throwers
SUGGESTED THERAPEUTIC EXERCISES	○ Continue exercises from phase 2 ○ LE & core- progress strengthening. ○ Prone quadruped/plank serratus strengthening ○ thrower's exercises: ER/IR at 0 abduction (progress to IR/ER as pain tolerates), scaption ER full can, rows into ER at 90 abduction seated on stability ball, lower trap seated on stability ball, elbow flexion, elbow extension/triceps, wrist extension, wrist flexion, supination, pronation, sleeper stretch, supine horizontal adduction stretch into IR, Prone horizontal abduction neutral/full ER at 100, prone row, Diagonal pattern (D2) flexion/extension

	○ Advance shoulder/scapula PNF ○ If UE athlete/work: UE plyometrics- tramp toss & catch light medicine ball in 90/90, supine catch & toss, eccentric ER/IR ○ Overhead athletes begin throwing progression ○ Sport specific activities/drills
CARDIOVASCULAR EXERCISE	Progress to baseline
PROGRESSION CRITERIA – RETURN TO SPORT/WORK	○ Full pain free active ROM ○ No pain/tenderness ○ Normal glenohumeral & scapulothoracic mechanics ○ At least 90% strength contralateral & 70% rotator cuff ratio ○ Athletes- pass sport specific program ○ Physician clearance