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ARTHROSCOPIC SUB-ACROMIAL DEBRIDEMENT POST-OPERATIVE REHABILITATION PROGRAM

Phase One – Maximum Protection Phase (week 0-4)

Phase One Goals:

Protect the anatomic healing of procedure Promote early ROM

Promote dynamic stability

Diminish pain and inflammation

Post-Op 0-2 weeks

- 1) Brace or Sling as needed with activity and sleeping (2 weeks)
- 2) Pendulum Exercises (Gentle)
- 3) PROM to tolerance in all shoulder motions
- 4) Grade I-II glenohumeral/scapulothoracic joint mobilizations
- 5) Initiate gentle scapular stabilization exercises
- 6) Active elbow ROM
- 7) Hand Gripping Exercises
- 8) Sub-maximal Isometrics at neutral (resting) position of shoulder

Flexors

Extensors

IR/ER

Elbow Flexors

- 9) Initiate T-band exercises for internal/external rotation (3-4 weeks)
- 10) AAROM
 - a. Flexion to tolerance
 - b. ER/IR to tolerance
- 11) Ice and pain modalities as tolerated

Post-Op 2-4 weeks

- 1) Discontinue brace or sling (2 weeks)
- 2) Continue PROM as tolerated all planes
- 3) Grade II-III glenohumeral/scapulothoracic joint mobilizations
- 4) Continue AAROM exercises
 - a. Shoulder flexion to tolerance
 - b. ER/IR range to tolerance
- 6) Continue scapular/core stabilization
- 7) Continue ice and pain modalities as tolerated

Phase Two – Minimum Protection/Intermediate Phase (week 4-8)

Phase Two Goals:

Gradually restore full ROM (week 10)
Preserve the integrity of the surgical procedure
Restore muscular strength and balance
Reduce compensatory movements

Post-Op 4-8 weeks

1) Continue with AAROM exercises

Flexion to tolerance

ER/IR to tolerance (should be performed at 45-90° passive abduction May begin light AAROM into abduction to tolerance.

- 2) Continue T-band exercises as tolerated (scapular plane)
- 3) Being light shoulder flexion exercise with low weight to 90° with focus on quality of movement
- 4) Elbow flexion/extension as tolerated
- 5) Scapula stabilization exercises as tolerated
- 6) Begin PNF diagonal patterns with light to moderate weight as tolerated

Post-Op 8-12 weeks

- 1) Continue with all exercises above
- 2) Initiate isokinetic strengthening in the scapular plane with Biodex
- 3) Initiate rotator cuff strengthening outside of scapular plane (45°/90° abduction)
- 4) Initiate neuromuscular control exercises for scapular
- 5) Initiate plyometric strengthening
- 6) Isokinetic testing (week 12)

Phase Three – Advance Strengthening Phase (Week 12-15)

Phase Three Goals:

Establish and maintain full ROM Improve muscular strength, power, and endurance Gradually initiate functional activities

Post-Op 12-15 weeks

1) Aggressive strengthening program as tolerated by patient

Shoulder flexion

Shoulder abduction to 90°

ER/IR

Elbow flexors/extensor

Scapula muscles

- 2) Shoulder stabilization exercises below or at shoulder height
- 3) Dynamic open and closed-chain stabilization exercises for the scapula and shoulder

Phase Four – Return to Activity Phase (Week 15-20)

Phase Four Goals:

Enhance muscular strength, power and endurance Progress functional activities Maintain shoulder mobility

Post-Op 15-20 weeks

- Continue with aggressive strengthening Progression abduction strengthening to 120-140°
- 2) Biodex test (week 24)
- 3) Initiate sport specific activity

Phase Five: Return to Sports/Activity Phase (week 20)

Phase Five Goals:

Gradual return to sport activities Maintain strength, mobility and stability

Post-Op 20+ weeks

- 1) Continue with all strengthening exercises
- 2) Patient may start independent resistive exercise program at gym
- 3) Continue with sport specific activity
- 4) Return to work/sports activity