

**REHABILITATION GUIDELINES FOR SHOULDER ARTHROSCOPY  
PROCEDURE AND/OR LABRAL DEBRIDEMENT)**

**Dr. Carson**

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 (Begin PT at 3-5 days post-op; to 3 weeks or until progression criteria is met)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Meet with the Physician at 1-2 weeks Begin Physical Therapy at 1 week post-op.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Reduce pain and swelling in the post-surgical shoulder</li> <li>2. Regain full PROM/AAROM.</li> <li>3. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Avoid activities that may impinge on the denuded bone of the acromion.</li> <li>2. Use sling as needed for comfort. Wean out as tolerated</li> <li>3. Relative rest to reduce inflammation.</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Begin 7 days post-op, sub-maximal shoulder isometrics for IR/ER, flex/ext, &amp; abd/add.</li> <li>• Shoulder AAROM/PROM: Codman's, pullies, cane exercises in all planes of motion except horizontal adduction (these should stay relatively pain free)</li> <li>• Gentle shoulder mobilizations as needed.</li> <li>• Hand gripping.</li> <li>• Elbow, forearm, and wrist AROM.</li> <li>• Cervical spine and scapular AROM.</li> <li>• Postural exercises.</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike. (Avoid running and jumping due to the 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 pt has met prog. Criteria from phase I, ~4-5 wks post-op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physical Therapy 1 x per 1-2 weeks.
REHAB GOALS	<ol style="list-style-type: none"><li>1. Controlled restoration of AROM.</li><li>2. Strengthen shoulder and scapular stabilizers in protected position (0°-45° abduction).</li><li>3. Begin proprioceptive and dynamic neuromuscular control retraining.</li><li>4. Correct postural dysfunctions.</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Avoid repetitive overhead activities.</li><li>2. Post-rehab soreness should alleviate within 12 hours. of the activities.</li></ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"><li>• AROM in all cardinal planes-assessing scapular rhythm.</li><li>• Gentle shoulder mobilizations as needed.</li><li>• Rotator cuff strengthening in non-provocative positions (0°-45° abduction)</li><li>• Scapular strengthening and dynamic neuromuscular control.</li><li>• Cervical spine and scapular AROM.</li><li>• Postural exercises.</li><li>• Core Strengthening.</li></ul>
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 uninvolved side) and 5/5 strength for IR/ER at 45° abd.

**PHASE III (begin when pt has met prog. Criteria from phase II, ~7-8 wks post-op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physical Therapy 1x per 2-3 wks.
REHAB GOALS	<ol style="list-style-type: none"><li>1. 5/5 rotator cuff strength at 90° abduction and supraspinatus.</li><li>2. Full multi-planar AROM.</li><li>3. Advance proprioceptive and dynamic neuromuscular control retraining.</li><li>4. Correct postural dysfunctions with work and sport specific tasks.</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Post-rehab soreness should alleviate within 12 hours of the activities.</li></ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"><li>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm.</li><li>• Gentle shoulder mobilizations as needed.</li><li>• Rotator cuff strengthening in at 90° abduction, provocative positions and work/sport specific positions.</li><li>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions.</li><li>• Cervical sine and scapular AROM.</li><li>• Postural exercises.</li><li>• Core strengthening.</li></ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster, running. (Avoid swimming until athlete has 5/5 rotator cuff strength at 90° abduction and negative impingement signs)
PROGRESSION CRITERIA	The patient can progress to phase IV when they have achieved full multi-plane AROM (equal to uninvolved side) and 5/5 strength for IR/ER at 90° abd and full supraspinatus strength.

**PHASE IV (begin when pt has met prog. Criteria from phase III, ~10-12 wks post-op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Meet with the Physician: Physical Therapy 1 x per 2-3 weeks.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. 5/5 rotator cuff strength at 90° abduction and supraspinatus.</li> <li>2. Advance proprioceptive and dynamic neuromuscular control retraining.</li> <li>3. Correct postural dysfunctions with work and sport specific tasks.</li> <li>4. Develop strength and control for movements required for work or sport.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Post-rehab soreness should alleviate within 12 hours of the activities.</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm.</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90° abduction, provocative positions and work/sport specific positions-including eccentric strengthening, endurance and velocity specific exercises.</li> <li>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions.</li> <li>• Work and sport specific strengthening.</li> <li>• Core and lower body strengthening.</li> <li>• Throwing program, swimming program or overhead racquet program as needed.</li> </ul>
CARDIOVASCULAR FITNESS	Design to use work or sport specific energy systems.
PROGRESSION CRITERIA	<p>The patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer.</p> <p>This will be based on meeting the goals of this phase.</p>

Updated: 5/5/16