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REHABILITATION PROTOCOL FOR ARTHROSCOPIC SUBACROMIAL DECOMPRESSION +/DEBRIDEMENT OR PARTIAL ROTATOR CUFF TEAR

APPOINTMENTS:

- Clinic appointments at 8 to 12 days, then at 6 weeks, and possibly 12 weeks
- Physical therapy appointment starting at 2 weeks, lasting 6 to 12 weeks

ACUTE PHASE: surgery to 2 weeks post-op

- Sling for comfort for 3-5 days
- Ice as needed
- Pendulum exercises
- Gentle overhead motion exercises, shoulder shrugs, and isometrics
- Work restrictions: off work for 5 days or until pain controlled by non-narcotic pain medications and then
 may return to work with limited of the operative arm

PHASE I: 2 to 4 weeks post-op

- Begin physical therapy
 - ROM exercises and gentle stretching including a pulley for flexion, abduction, internal rotation/ external rotation
 - Gentle cuff active ROM exercises
 - Gentle progressive resistive exercises
 - Instruct home program of ROM/stretching exercises
 - Modalities as needed: heat, ice, ultrasound, e-stim
- Work restrictions: limited overhead use and limited repetitive or strenuous use of the operative arm

PHASE II: 4 to 6 weeks post-op

- Continue home ROM/stretching exercises
- Continue physical therapy:
 - Prone or upright supraspinatus resistance exercises
 - Rotator cuff internal rotation/external rotation and scapulothoracic strengthening exercises
 - Light closed kinetic chain exercises
 - Rhythmic stabilization exercises
 - Instruct home program of strengthening exercises
- Work restrictions: overhead use as tolerated and repetitive use or strenuous use as tolerated

PHASE III: 6 to 12 weeks post-op

- Begin work-related or sports-specific conditioning if appropriate
- · Continue endurance exercises for the rotator cuff
- Transition to a home exercise program for rotator cuff strengthening and endurance training
- Work restrictions: expected return to work without restrictions as tolerated

PHASE IV: 12 weeks post-op

- Return to work/sports when strength and flexibility are within normal limits and when functional rehabilitation completed
- Progress to work hardening/functional capacity evaluation if appropriate