

Shoulder Debridement Rotator Cuff & SLAP Tears, Subacromial Decompression & Acromioplasty, AC Joint Resection

Name: _____ Date: _____ DOS: _____

/WK X 6 WKS

GOALS

****n.b.:** The patient requires 30-45 min of one-on-one, manual joint mobilization each session until full PASSIVE ROM in all planes is achieved!!

GOALS

- Decrease pain via proper pain management techniques
- Increase A/PROM to normal full and symmetric Glenohumeral ROM
- Restore Scapulothoracic rhythm
- Good compliance to Home Exercise Program (HEP)
- Increase strength to 5/5 and normal movement patterns for ADL's, work and sport.
- For biceps tenodesis, no biceps loading/resistive exercises for 6 weeks.

HOME PROGRAM

- Codman's all planes
- Educate on avoiding impingement
- Supine flexion via wand, wall climb or pulley w/ emphasis on long duration and low intensity
- Supine abduction w/ wand to 90 degrees only progressing in pain free ROM and avoiding impingement
- Supine ER w/ shoulder at 0, 45 and 90 degrees of abduction using wand. Support humerus w/ pillow/rolled towel for neutral positioning
- RTC/posterior capsule stretch and towel stretch and progress as pain allows
- A/AA/PROM PNF patterns (D1F/E, D2F/E)
- Cervical ROM
- Scapular stabilization exercises
- ADL activities as tolerated
- Posture education
- Discuss precautions w/ work/sport and criteria for progression
- Home E-Stim unit for Muscle re-education prn
- Home pulleys

CLINICAL INTERVENTION

Evaluation:

- 3-5 days post-op
- Issue HEP
- Remove dressing and assess site.
- Educate in home wound care
- Tendonitis pts may report to PT same day as MD visit/injection for acute care management (RICE)
- Progress Note submitted w/ pt upon follow up visit to MD (usually every 4 wks)

Modalities:

- HP warm-up prior to exercise until DC
- E-Stim/US for pain management w/ CP prn
- E-Stim for Muscle re-ed

Therapeutic Exercise:

- Pulley, wall climb, wand: avoid impingement and hiking
- No UBE!
- Muscle strengthening via appropriate progression of MRE's, isometrics, light isticns (1-5 lbs, including T-Band) and machines all in pain free ROM.
- Scapular stabilization including scapular depression.
- Precautions: avoid impingement, monitor and educate in proper movement patterns and technique of exercise at all times.
- Discuss w/ MD need for further objective evaluation of strength and more aggressive POC before return to work.
- Consider need for FCE/Work Conditioning and discuss w/MD

Manual Therapy:

Restore Glenohumeral arthrokinematics and osteokinematics via appropriate manual techniques.

EXERCISES:

- CONTINUE WITH PROGRESSION AS TOLERATED
- BEGIN ROTATOR CUFF STRENGTHENING WITH ISOMETRICS
- PROGRESS INTO AROM PRE'S WITH LIGHT WEIGHT/RESISTANCE
- CONTINUE AQUATICS W/EMPHASIS ON STRENGTHENING

6-8/13 WEEKS:

REHAB SPECIFICATIONS:

(2-3X/WK)

- GOAL: FULL ROM REACHED IN ALL PLANES
- MONITOR/EDUCATE PROPER MECHANICS
 - AVOID HIKING
 - AVOID IMPINGEMENT
 - ENCOURAGE SCAPULAR DEPRESSION

EXERCISES:

- CONTINUE WITH PROGRESSION AS TOLERATED

8-13/13 WEEKS:

REHAB SPECIFICATIONS:

(2-3X/WK)

- UNRESTRICTED STRENGTHENING AND PROGRESS TOWARD MORE FUNCTIONAL, SPORTS, RECREATIONAL, OR WORK-RELATED ACTIVITIES
- EDUCATE PROPER MECHANICS

EXERCISES:

- UE AND LE WORKOUT
- PROGRESSIVE THERABAND FOR ROTATOR CUFF
- PROGRESS ALL PRE'S
- BEGIN FUNCTIONAL STRENGTHENING: EMPHASIZE SCAPULA MUSCLES/LATS/BICEPS/TRICEPS

13-16 WEEKS:

REHAB SPECIFICATIONS:

(1-2X/WK)

- PREPARE PATIENT FOR DISCHARGE THROUGH
- RELATIONSHIP WITH WORK-HARDENING/FCE, ATHLETIC TRAINER, STRENGTH SPECIALIST, ETC.
- PATIENT SHOULD HAVE A GOOD, COMPREHENSIVE HOME PROGRAM WITH EMPHASIS ON PROPER TECHNIQUE

EXERCISES:

- CONTINUE GENERAL STRENGTHENING
- PROGRAM IN CLINIC AND @ HOME
- PROGRESS TO PLYOMETRICS/ECCENTRICS/DYNAMIC STRENGTHENING AS TOLERATED

Signature: _____ Raphael S.F. Longobardi, M.D.