NON-OPERATIVE SHOULDER REHABILITATION GUIDELINES

Name:_______________________

Diagnosis:_______________________________

Frequency:________/week   X _____weeks

___Sprain: anterior or multi-directional subluxation:
-internal rotation (subscapularis) strengthening with elbow fixed to side
-active and active assist ROM
-advance to external equal to internal rotation strengthening

___Sprain: posterior subluxation:
-external rotation strengthening with elbow at side
-advance to internal equal to external rotation strengthening
-advance to deltoid rotator cuff and periscapular muscle strengthening and postural retraining

___Strain: anti-impingement cuff program:
-weighted, pendulum and Codman exercises & posterior capsular stretching
-avoid painful arc
-rotator cuff (emphasize supraspinatus, deltoid and periscapular muscle strengthening); address joint mobility and posture.

___Strain: rotator cuff tear program:
-initial passive, advance to active stretching and ROM
-advance to deltoid, rotator cuff and periscapular muscle strengthening

___Arthritis/Sprain: A/C joint
-hyperabduction and horizontal flexion stretching weighted Codman stretching
-rotator cuff and deltoid strengthening
-de-emphasize scapulothoracic joint, and improve posture

___Adhesive capsulitis:
-aggressive passive range of motion..advance to active ROM/wall climbing
-advance to active shoulder strengthening: forward flexion, abduction, horizontal flexion, external rotation and internal rotation stretching (in that order) and postural retraining
-use with electrical stimulation for pain control and tissue mobility

___Compression: thoracic outlet program
-shoulder strengthening and shoulder shrugs
-postural retraining with abduction and external rotation stretching
-rotator cuff, subscapular and periscapular muscle strengthening

__Special programs:
___full aggressive passive flexibility immediately (notify our office if 85% baseline not obtained within 8 weeks post-op), then advance to active ROM then strengthening.
___cold+/heat as indicated
___active ROM: FE, ABD, ER, horizontal flexion and IR
___postural retraining: de-emphasize scapulothoracic overuse and retain gloenohumeral function
___teach or advance to home program at D/C from PT: stretch, strength and posture or gym program. You can monitor 1 x/month x 2 months at D/C.
___electro-stimulation of ______________; TNS for pain relief of _________________________
___isokinetic testing (Cybex, Biodex, etc) at return to clinic; wave patterns and calculated deficits with patient.
___functional capacity assessment
___WORK HARDENING