

**PHASE I: Generally 0 - 6 weeks post-op**

**PHASE I GOALS:** Protect the surgical repair & avoid a “stiff” shoulder

**PRECAUTIONS:** \***NO** active use of arm - must **ALWAYS** wear sling, even while sleeping\*

**ROM GUIDELINES:** Avoid gaining ROM too quickly by adhering to the following (ok if not getting motion this quickly):

- Wks 1-2: allow flexion to 90° and external rotation to 0° (neutral)
- Wks 3-4: allow flexion to 120° and external rotation to 20°
- Wks 5-6: allow flexion to 150° and external rotation to 40°

**SLING:** Sling/immobilizer with abduction pillow x 6 weeks per ortho/PT

**WOUND:** Post-op dressing remains intact until post-op day #5  
May begin showering after post-op day #5 (no need to cover incision site)  
\***Do NOT** submerge shoulder in tub or pool for 4 weeks\*  
Suture/staple removal @ 10-14 days per Ortho/PT  
Begin scar massage after incision site sloughs/scar is formed

**REHABILITATION:** \*Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress for any patient, physical therapy will contact the orthopedic surgeon.  
Start with the following exercises: (10-20 repetitions, 3-4 x daily)

~weeks 1-2 **Modified Pendulum:** (May be done in the sling.) While supporting the affected arm with the unaffected hand, move the shoulder forward, backward, side to side and in clockwise and counterclockwise directions. Progress to full pendulum after 3-5 days.  
**Elbow, Wrist, & Hand:** Perform elbow and wrist flexion, extension, pronation, and supination while holding the shoulder in a neutral position at side. For the hand, use a foam ball, newspaper, or theraputty to squeeze repetitively.

~weeks 3-4 **Aerobic Conditioning on Recumbent Bike:** \*Sling must be worn\*  
**Scapular Retraction & Protraction:** Gently “pinch” shoulder blades together. Hold for 5 seconds and relax. Then spread shoulder blades apart. Hold for 5 seconds and relax.  
**Lower Extremity Weight Lifting:** May begin leg & calf press, hamstring curls, hip add/abd

~weeks 5-6 **Shoulder AAROM exercises:** Wand, pulley, gentle towel stretch, etc.  
**Gentle (“Two Finger”) Isometrics:** Use the unaffected hand to provide very light, pain free resistance during shoulder flexion, adduction, extension, and abduction (No rotation).  
**Gentle (“Two Finger”) Isometrics:** add gentle, pain free resistance for IR & ER

**FOLLOW-UP:** Physical Therapy: weekly; Ortho: ~6 wks post-op; Supervised rehab: 1-2 x per wk

**DOCUMENTATION:** Precautions, pain level, medications and modalities  
Observation: (incision sites) - Signs/symptoms of infection? Site healing well?  
Neurovascular status: Distal pulses, motor and sensation intact?  
Shoulder passive ROM (forward flexion, ER with shoulder at side)

**PHASE II: Generally 7-12 weeks post-op**

**PHASE II GOALS:** Full shoulder range of motion  
Pain free ADLs

**PRECAUTIONS:** \***NO** pushups, heavy lifting, or other sports participation\*  
\***NO** repetitive overhead use of shoulder\*

**SLING:** Wean from wearing sling/immobilizer per ortho/PT guidance

**REHABILITATION:** Continue phase I exercises as needed  
Progress to the following exercises and increase intensity gradually when patient is ready  
(i.e., no increase in shoulder pain or stiffness since the previous exercise session)  
\*Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM\*

**~weeks 7-8** Upper body cycle: begin with three 1-min sets (forwards and backwards) progress gradually  
Shoulder AROM and AAROM exercises: Wand, pulley, towel stretch, sleeper's stretch, etc.  
Progressive strengthening: ER & IR with arm at side, FF & scaption to 60-90°, prone rows  
(first set: 20 repetitions, then 1 additional set at the same weight to muscle failure)  
Beginning level pool program – no overhead strokes  
Aerobic Conditioning: Bike, elliptical, stairmaster as desired  
Beginning level neuromuscular/functional training exercises (see appendix)  
Beginning level shoulder stabilization exercises (see appendix)

**~weeks 9-12** May begin jogging (start with 5 minutes and progress gradually as tolerated)  
Progressive strengthening: ER/IR with shoulder in 30° elevation, FF/scaption to 60-90°, rows  
(first set: 15 reps, then 2 additional sets at the same weight to muscle failure)  
Beginning to intermediate level neuromuscular/functional training exercises (see appendix)  
Beginning to intermediate level shoulder stabilization exercises (see appendix)

**FOLLOW-UP:** Physical Therapy: bimonthly; Ortho: ~3 months post-op;  
Supervised rehabilitation: 2-3 x per week as needed

**DOCUMENTATION:** Pain level, medications, modalities  
Shoulder ROM & strength

**PHASE III: Generally 4-6 months post-op**

**PHASE III GOALS:** Pushups at own pace without pain  
≥ 90% internal/external rotation strength return

**PRECAUTIONS:** \***NO** participation in contact/collision sports or military schools until ~9 months post-op\*

**REHABILITATION:** Continue phase II exercises as needed  
Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in shoulder pain or stiffness since the previous exercise session)  
\*Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM\*

**~weeks 13-16** Warm-up: 5-10 minutes on upper body cycle  
General upper quarter stretching: 5-10 minutes (shoulder, thoracolumbar spine)  
Progressive strengthening: ER/IR with shoulder in 45-90° elevation, FF/scaption to 90-120°, (first set: 10-15 reps, then 2 additional sets at the same weight to muscle failure)  
May also begin general light intensity strengthening with shoulder in “safe” position (avoid heavy overhead lifting, avoid shoulders in the 90° elevation, 90° ER position)  
Intermediate level neuromuscular/functional training exercises (see appendix)  
Intermediate level shoulder stabilization exercises (see appendix)

**~weeks 17-26** Intermediate/advanced level neuromuscular/functional training exercises (see appendix)  
Intermediate/advanced level shoulder stabilization exercises (see appendix)  
Progressive sports training: Begin at 25-50% intensity, progress gradually (see appendix)

**FOLLOW-UP:** PT: Monthly; Ortho: ~6 months post-op;  
Supervised rehabilitation: 1-2 x per week as needed

**DOCUMENTATION:** Pain level & medications  
Shoulder ROM & strength  
Biodex testing at 6 months post-op

**MISCELLANEOUS:** After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated.  
The recommendation is to wait until 9-12 months post-op to return to contact/collision Sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.

## APPENDIX: GENERAL SHOULDER PROGRESSIONS

\*The following is a supplement to the rehabilitation guidelines on various types of shoulder exercises. It is not an all-inclusive list, but provides ideas for gradually progressing a patient through rehabilitation\*

In general, beginning level shoulder exercises are performed with light resistance in a ROM below 90° of shoulder elevation. Intermediate level exercises are done with moderate resistance in a ROM below 120°.

Advanced level exercises are done with moderate resistance in a full ROM, but avoiding the 90° abducted, 90° externally rotated position until ~5-6 months post-op. All training should be pain free.

Exercise Type	Beginning Level ~7-10 weeks post-op	Intermediate Level ~9-18 weeks post-op	Advanced Level ~16-26 weeks post-op
<b>Body Blade</b>	Flexion/Extension IR/ER Superior/Inferior (arm at side)	FF range to 90° Scaption to 90° IR/ER through ROM Horiz adb/add at 90°	FF range to 150° Scaption to 150° IR/ER through ROM Diagonal motions
<b>Ball toss</b>	Chest pass – 2 handed IR toss – (arm at side)	Overhead toss – (2 handed) Behind back toss	Overhead diagonal toss – (2 handed) Regular throwing toss
<b>Prone stabilization</b>	Weight shifting in sitting, standing, prone on all fours	All fours stabilization on stable surface	All fours stabilization on foam or theraball
<b>Supine stabilization</b>	Supine Shoulder Stabilization @ 90°	Supine Shoulder Stabilization from 60-120°	Supine Shoulder Stabilization (Available ROM)
<b>Cuff strengthening</b>	ER/IR – (arm at side)  FF/Scaption to 60-90° (Thumb up)	ER/IR - (30-45° shld scaption)  FF/Scaption to 90-120° (Thumb up)	ER/IR- (45-90°shld scaption) – gradually moving into abd PNF patterns
<b>Scapular strengthening</b>	Ceiling “punches” Rows	“Pushouts” (in standing) Rows (inferior/superior)	Pushup plus
<b>Pushups</b>	none	Wall pushups – progressing to inclined pushups	Knee pushups – progressing to modified regular pushups
<b>Misc activities</b>	Basketball: dribbling, chest and bounce pass Golf: putting Volleyball: bumping Pool: jogging, treading Wall ball drawing	Basketball: shooting within the key only Golf: chipping, short irons Volleyball: setting Pool: No overhead strokes Tossing Frisbee Catching drills: below 90°	Basketball: noncontact drills only Golf: gradual return Vball: gradual return ~6 mo Pool: gradual return Forehand, backhand racquet sports (no overhead)