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REHABILITATION PROTOCOL FOR ARTHROSCOPIC SHOULDER DEBRIDEMENT

Physiotherapy Guidelines

The following is intended to guide the patient through the postoperative rehabilitation process. Each patient will require individual modification of their program depending on the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength. Please use this as a prescription for Physiotherapy.

Patient Name: _____ **Date:** _____

Date of Surgery: _____

Surgeon: French / LeBlanc / Sabo _____

Diagnosis: _____

IMMOBILIZATION/MOVEMENT RESTRICTIONS

Wear Sling/Immobilizer	☐ As needed ☐ 2-3 days ☐ _____ weeks
Additional Restriction of Range of Motion Required?	☐ No ☐ Yes: _____
Protection of Biceps Tendon Required?	☐ No ☐ Yes: No active contraction of biceps for 4-6 weeks, no strengthening of elbow flexion for 12 weeks

Precautions/Dosages

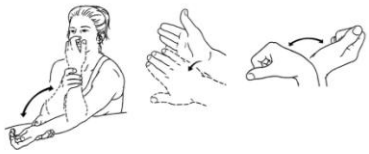
- Wear sling/immobilizer as outlined above & remove for exercises
- Do not lift, push, or pull any heavy objects with your operative extremity
- Range of motion exercises to be performed 3 times per day as outlined below
- Range of motion and strength exercises should be slowly progressed in a manner that is neither forceful or painful
- Rehab timelines will vary depending on patient's baseline function, symptoms ,and surgical procedure
- Use ice x 20 minutes every 2 hours to help control pain and swelling

Phase 1

Primary Goals: Manage pain, control inflammation, and gradually introduce active-assisted shoulder movements as tolerated. Remove immobilizer for exercises.

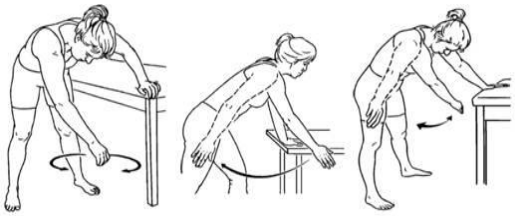
Manual Therapy:

- It is recommended to apply ice to shoulder after exercises
- Gentle massage around the shoulder girdle: trigger points to supraspinatus, infraspinatus, & biceps belly



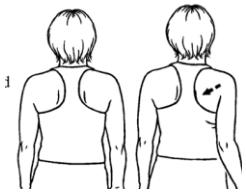
Elbow, Wrist, Hand: full range of motion

Pendular Exercises: arm hanging or supported depending on comfort; pain-free range



Scapular Activation/Setting: Sitting & standing posture

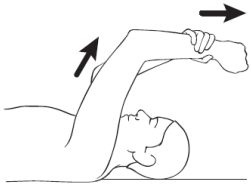
- Elevation
- Depression
- Protraction
- Retraction

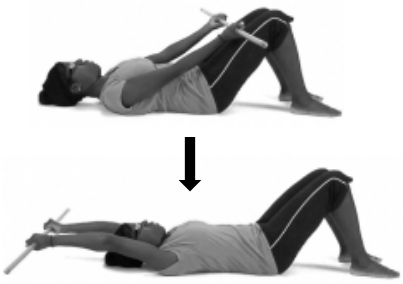


Active-Assisted Shoulder Range of Motion: These are movements performed with the assistance of a stick or your non-operative arm. **Gradually progress to full range of motion, as tolerated, unless specified otherwise by your surgeon.** Start with 5-10 repetitions as tolerated & gradually increase to 20.

a) Supine Flexion
   - Elbow supported on towel
   - Start with elbow bent & progress to straight elbow as tolerated
   - To avoid biceps compression keep shoulder in neutral rotation

a)

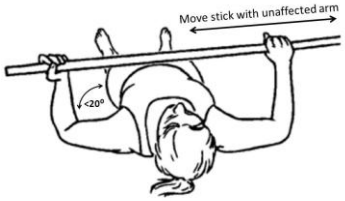




b) Internal Rotation in Supine
   - Arm supported on towel
   - Arm positioned at 0- 20˚ abduction
   - Range of motion as tolerated

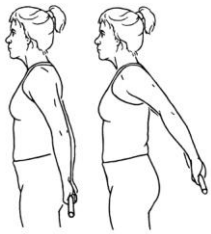
c) External Rotation in Supine
   - Arm supported on towel
   - Arm Positioned at 0-20˚ abduction

b) & c)



d) Extension in Standing
   - Arm supported or hanging based upon comfort

d)



CRITERIA TO PROGRESS TO PHASE 2:

- ✓ Pain & inflammation are controlled
- ✓ Progressing well towards full, pain-free active-assisted range of motion
- ✓ Static scapular control & postural awareness
- ✓ Dynamic scapular control incorporated with active-assisted movements of glenohumeral joint
- ✓ Check any additional restrictions noted by surgeon

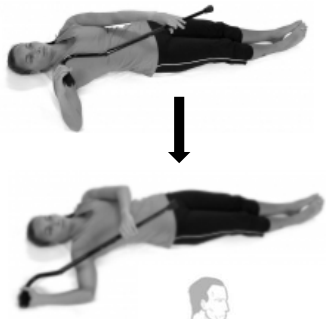
Phase 2

Primary Goals: Gradually progress to full pain-free active range of motion with quality scapular control; may introduce basic proprioceptive activities below shoulder height.

Active Assisted Shoulder Range of Motion:

- Continue with supine internal and external rotation with progression towards 90° abduction as tolerated
- Continue with flexion as tolerated

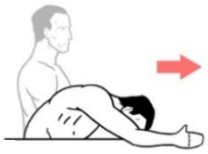
a)



Active Range of Motion:

- Work towards full pain-free range of motion in all directions unless any restrictions are noted by surgeon
- Be cautious with horizontal flexion & behind back movements as biceps may become irritable
- May progress to more advanced stretches with longer duration holds i.e. slide arm forward on table top (a) & child's pose stretch (b)

a)



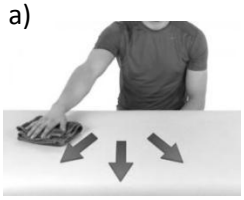
b)

After 6 Weeks: Consider hydrotherapy in pool to improve shoulder range of motion if incision is adequately healed. Do not perform any swimming motions at this stage!

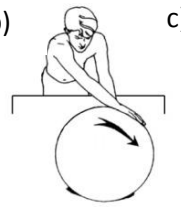
Proprioceptive Shoulder Exercises

- Ensure quality scapular stability
- Start below shoulder height
- Examples: alphabet on table (a), table top ball rolling (b), alphabet ball on wall (c)

a)



b)



c)

CRITERIA TO PROGRESS TO PHASE 3:

- ✓ Pain & inflammation are controlled
- ✓ Full, pain-free active movement of shoulder with good quality scapular control
- ✓ Biceps non-irritable; be mindful of restrictions due to biceps tenodesis repair

Phase 3

Primary Goals: Introduce basic strength exercises for the rotator cuff & shoulder girdle musculature; must maintain scapular control. May progress proprioceptive drills towards shoulder height and greater as range and control permit.

Strengthening Exercises:

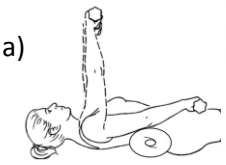
- Start slowly once full pain-free ROM achieved & no night pain
- All resisted exercises are below shoulder height for the first 6 weeks
- Resistance should be applied with a light weight or Theraband (yellow or red/orange)
- Perform maximum 1x/day until it is clear there is no aggravation to the tendon or joint then may progress to 2x/day as tolerated.
- First 12 weeks: typically do not exceed greater than 2kg and focus on endurance

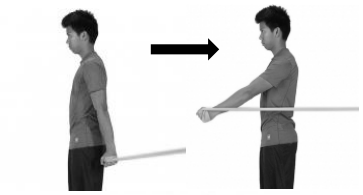
a) Flexion
- Supine: arm support on towel
- Standing: below shoulder height as tolerated

b) External Rotation
- Supine: arm supported on towel in 0˚ abduction
- Standing: elbow at side

c) Internal Rotation
- Supine: arm supported by towel in 0˚ abduction
- Standing: elbow at side

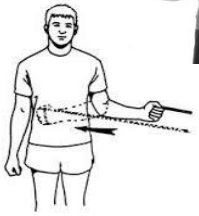
a)





b)

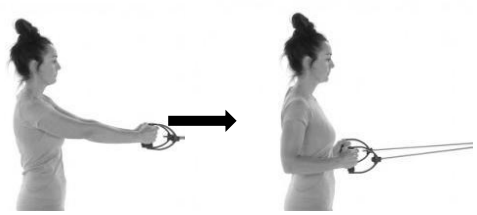
c)



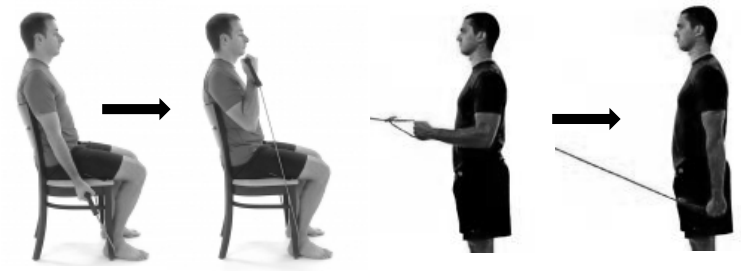
d) Shoulder Shrugs
- add weight as tolerated

d) 

e) Standing Rows

e) 

f) Biceps & Triceps
- Avoid if restrictions due to biceps tenodesis & start with active elbow flexion after 6 weeks (g).

f) 

Bicep Curl Triceps Extension

g) 

Proprioceptive Shoulder Exercises:

- May progress to greater ranges of flexion/elevation as tolerated
- Ensure scapular control persists with all progressions

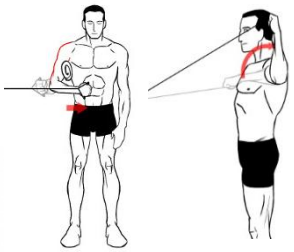
CRITERIA TO PROGRESS TO PHASE 4:
- ✓ Pain-free with basic strength exercises & strong scapular control
- ✓ Maintains full, pain-free active movement of shoulder with good quality scapular control
- ✓ Biceps non-irritable; be mindful of restrictions due to biceps tenodesis repair

Phase 4

Primary Goals: Gradually introduce advanced strengthening exercises & focus on incorporating more functional & activity-specific movement patterns/positions. Continue to work on scapular control.

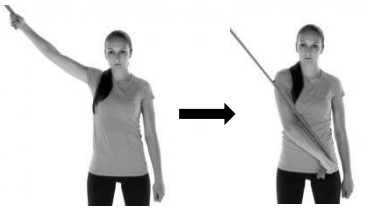
Advanced Strengthening & Proprioceptive Exercises:
- If patient is able to maintain proper scapular control and the rotator cuff is strong and pain-free in neutral, may progress strengthening into greater ranges of abduction. Never load the tendon into end range if shoulder is stiff.
- Always be mindful of tendon biology and patient requirements. Each patient has different functional requirements, tendon quality, and healing potential.
- Introduce weight bearing exercises as tolerated (**earliest is typically 8 weeks**), always ensuring proper scapular control is maintained and the quality of movement is good. If returning to yoga, consider modifying poses to avoid stressing joint at end range.
- Patients may consider returning to gym program with physiotherapy recommendations for exercises to modify or avoid (i.e. heavy overhead weights, bench press, dips, chin-ups)
- Gradually progress exercises into positions that are functional and specific to the patient's occupational, recreational, and sporting demands.
- **DOSAGE:** Strength work should be performed 1x/day and focus on building endurance with scapular control prior to introducing hypertrophy drills.

Examples of Advanced Phase Strengthening & Proprioceptive Exercises:

a) 

a) External & Internal Rotation at various degrees of abduction (i.e. 30°, 45°, 90°)
b) Bent Over Rows (progress to greater degrees of abduction)
c) PNF Patterns
d) Push Ups (start on wall & progress to knees)
e) Plank (start from knees & elbows)
f) Wall Ball Toss

b) 

c) 

d) 

e) 

f) 

Other Topics

Driving: Patients should be discouraged from driving until they are weaned from any prescription medications and they are comfortable in active motion below shoulder height. Initial efforts to restart driving should be performed in low risk settings (i.e. empty parking lot, residential side streets, etc.)

Return to Work: Patients should discuss this with their surgeon as each person has specific needs and will progress through the protocol differently.

Feedback/Concerns: If the patient is struggling to progress along the protocol, has an injury or there are other concerns, please do not hesitate to send a report or have the patient contact their surgeon.