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Shoulder Arthroscopy:

Debridement / Sub-Acromial Decompression / Distal Clavicle Resection/ Biceps Tenodesis

0-2 weeks post op

- Modalities as needed
- Sling x 4 weeks for biceps repair
- RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral
- Scapular ex's elevation with shrugs, depression, protraction, retraction with manual resistance
- PROM with shoulder pulleys
 - Flexion to 90°
 - Abduction to 90°
 - IR to 90°
 - ER to 45°
- Avoid horizontal adduction stretching for 6 weeks with Distal Clavicle Resection

3 weeks post op

- Cont. as above
- Begin AAROM ex's supine or standing with wand or wall walks
- RC ex's IR/ER with T-band or tubing with arm abducted 20-30°

4 weeks post op

- Cont. as above
- Advance ROM as tolerated
- DC Sling
- Begin isotonics for Core RC strengthening advance the weight on all ex's to 6-8lbs, 5-6 sets of 15-20 reps
 - Flexion with thumb up arm at 90°, flex arm forward fully,12 O'clock position
 - Abduction to 100°with thumb up -- arm at 90° in prone, abduct arm into scapular plane level with body, 2 O'clock position for right handed patients
 - Abduction to 45° with thumb up arm at 90° in prone, abduct arm level with body,
 4 O'clock position for right handed patients
 - Extension with arm at max ER arm at 90° in prone, extend arm to level of body,
 6 O'clock position
 - Scaption to 90° thumb pointing up, elevate arm in plane of scapula (empty can position)
 - Scaption to 60° thumb pointing down, elevate arm same as above but stop at 60°
 - Standing or Side lying ER externally rotate arm in 20-30° abduction (pillow helps with position)
- Begin isotonics for peri-scapular strengthening progress as heavy as tolerated
 - Elevation continue with <u>shrugs</u> vertical motion only do not roll shoulders

- Depression <u>seated press ups</u> hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulas, (not a dip motion), use hand blocks to increase height when able
- Protraction supine 2" punches arm flexed to 90°, elbow locked, motion is from scapula as arm
 is "punched" forwards, use hand weights, move to push ups with a plus (push up position and
 perform same movement with body weight) when able
- Retraction <u>prone rows</u> arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapula pinching them together
- Proprioception ex's rhythmic stabilization, physioball balance ex's etc

6 weeks post op

- Cont. as above
- Full pain free ROM
- Begin conventional weight lifting with machine weights and progress slowly to free weights as desired
- Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able

8 weeks post op

- Cont. with strengthening
- Begin interval throwing program if strength test passed

Return to Sport/Activity

- When cleared by physician
- Passing strength test if requested
- Completion of throwing program if requested
- NO pain with full ROM (Neer or Hawkins tests (-))