

Brandon Beamer M.D - *Orthopedic Sports Medicine Specialist*

5317 Golden Foothills Parkway
El Dorado Hills, CA 95762

Ph: 530-344-2070 / Fax: 530-748-0332 / www.brandonbeamermd.com



Notes:

**This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision-making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

Estimated Return to Sport/Work:

Modalities: As previous
CV Exercise: UBE⁶

Criterion for Progression:

- 1)Near full non-painful ROM
- 2)Shoulder strength grossly 4/5 throughout by MMT
- 3)Improved Scapulohumeral mechanics

Phase III – Tissue Remodeling/Hypertrophy Phase (6-12 weeks)

- Goals:**
- 1)Improve muscular endurance, strength, power
 - 2)Normal Scapulohumeral rhythm
 - 3)Improve neuromuscular control and dynamic stability
 - 4)Normalize IR/ER ratio
 - 5)Return towards full function with ADLs

Exercise: Strength progressions to higher degrees of abduction and 90/90 position^{6,9,27}
Prone ER at 90 degrees abduction¹⁷
Prone abduction to 135 degrees^{14,17,22}
PNF D1/D2 patterns^{6,7}
Body Blade/OKC/CKC perturbation training⁶
Begin plyometrics⁵
Integrate kinetic chain/sport specific exercise patterns⁹

Manual: As previous
Add posterior capsular stretching PRN

Modalities: PRN
CV Exercise: UBE/

Criterion for Progression:

- 1)Full painless ROM
- 2)Strength $\geq 80\%$ of contralateral side and 5/5 on global MMT
- 3)Normal Scapulohumeral mechanics with overhead motion
- 5)No impingement signs on clinical exam

Phase IV – Sport Specific Training (weeks 12-16+)

- Goals:**
- 1)Begin sport specific drills
 - 2)Normalize strength and neuromuscular control
 - 3)Prepare for return to sport

Exercise: Sport specific progression (throwing/golf/tennis)^{5,6}
Plyometric progression^{5,6}

Criterion for Return to Sport: (Recommend combination testing of strength, ROM, function, and power according to available resources/clinic setting)

- 1)Modified ASES $>90\%$
- 2)Patient confidence
- 3)Normal scapulohumeral mechanics with OH motion (by visual inspection)
- 4)Satisfactory stability by clinical exam
- 5)No pain during sporting activity (throwing/tennis swing/golf swing)
- 6)Strength measure (1 of 2 options)
 - A: isokinetic testing ER/IR at 30/30/30 at 60/180/300 degrees/sec comparing involved: uninvolved UE and ER/IR ratio
 - B: Handheld dynamometer at 30/30/30 1 rep; hold 5 seconds at midrange
 - C: Functional strength testing (relevant to sport). Consider use of CKCUES test, Single Arm Seated Shot Put Test; Push up test, Modified Pull up test^{11,12}
- 7)ROM: < 20 degrees difference (or $< 10\%$) of total rotation compared to uninvolved arm

Brandon Beamer M.D - *Orthopedic Sports Medicine Specialist*

5317 Golden Foothills Parkway
El Dorado Hills, CA 95762

Ph: 530-344-2070 / Fax: 530-748-0332 / www.brandonbeamermd.com



Subacromial Decompression

ROM

- Unlimited
- Limited as follows:

Sling Use:

Sling: _____ weeks

With sleep: _____ weeks

- Recommended Clinical Guidelines

Sling use: 0-2 weeks for Comfort/protection^{3,4,5}

ROM:

(0-2 weeks) as tolerated

Flex = 140

ER = 60

abd = 60

(2-6 weeks) Full ROM

- Precautions

***Avoid OH activities and heavy lifting x 6 weeks**

Phase I – Tissue Protection/Healing Phase (0-2 weeks)

Goals:

- 1) Reduce pain and inflammation
- 2) Minimize adhesion formation and muscle atrophy
- 3) Minimize stress to healing tissue
- 4) Restore non-painful ROM
- 5) Address postural correction, scapular position awareness

ROM:

Painfree PROM/AAROM/AROM per MD restrictions

Exercise:

Elbow, wrist, hand AROM and grip strengthening

Pendulums^{5,6,8}

AAROM flex/ER/IR/Ext (supine to upright)^{5,6,8,10}

Pulleys⁸

Scapular control ex (retractions/setting)^{4,6,7,8,9,12,13,17}

Unilateral pec stretch^{7,8,9,24,25,28}

Cross body posterior shoulder stretch^{7,8,9,24,25,28}

Pain free isometrics^{6,9,11,12}

Manual:

PROM

GH Joint mobilization grade I/II^{5,6,7,8,9,18,19,24,25}

Scapular mobilization and MRE^{5,7,8,9}

Modalities:

Cryotherapy

Electrical Stimulation for pain

Criterion for Progression:

1) Minimal pain and signs of active inflammation

2) ROM: flexion to 140, ER to 60 degrees

Phase II – Tissue Proliferation Phase/Progression Phase (3-6 weeks)

Goals:

- 1) Pain and edema control
- 2) Restore full ROM
- 3) Initiate gradual strength progression
- 4) Improve dynamic joint stability
- 5) Restore scapulohumeral mechanics

ROM:

PROM/AAROM/AROM to full^{5,6}

Exercise:

Isotonic ex: RC 30/30/30^{6,9,11,17,27}

Prone row¹⁶

Prone ext/abd with ER^{9,14,16,17,20,22,27,28}

Robbery¹²

Lawnmower¹²

Serratus punch/wall slides/push up plus/bear hug^{6,17,20,28}

Sidelying ER^{22,27,28}

Sidelying flexion to 135^{14,16,22,28}

Scaption^{6,16,17}

OC/CC perturbation training/rhythmic stabilization

Manual:

PROM and prolonged end range stretching^{5,6}

Movement with Mobilization¹⁹

OKC/CKC manual perturbation training

GH Joint mobilization grade I-IV

Scapular mobilization/MRE