

PHASE ONE

(Week 1-2)

In phase one, the general goals are to protect the surgical repair, initiate ROM to prevent adhesions and increase circulation, decrease pain and inflammation, and stress emphasis of HEP.

PROM is as tolerated for all planes

AROM is limited secondary to pain and weakness of RC – patient should be allowed to move in pain-free range without allowing for substitution.

The RC gets a better blood supply when the shoulder is slightly away from the body; therefore, advocate the use of a towel roll under the arm when in a resting position.

EXERCISES

ROM:

- Rope and Pulley – flexion, scaption, abduction

- Cane/wand AA flexion, ER

- Posterior capsule stretch

- Towel IR stretch

- Pendulum exercises for blood-flow to joint

- Passive stretching and pain-free joint mobs can be initiated immediately, emphasizing post and inferior capsule

STRENGTH:

- IR/ER T-band exercises

- Side-step holding t-band at neutral IR/ER for isometric resistance

- Biceps and triceps with t-band

- Scapular strengthening with t-band – rows, shrugs, punches

- Supine rhythmic stabilization progressing to SL and standing

- Supine PNF patterns

MODALITIES:

- Heat prior to Treatment

- Ice following exercise

Emphasize HEP – to be performed 2-3X/day to achieve full ROM

PHASE TWO

(Week 2-6)

General goals in Phase Two are to gradually restore ROM, initiate active muscle contractions with a focus on regaining proper scapulo-humeral rhythm, begin to train joint proprioception, and

continue with HEP.

The RC muscles are very small; therefore, we use lower intensities to isolate each muscle without recruitment from surrounding larger muscles. Focus on hypertrophy initially by high volume ($V = \text{Reps} \times \text{intensity/weight}$). Following the hypertrophy phase, strength is the focus with lower reps and higher intensities/weight.

EXERCISES

ROM:

- Continue with above to achieve full ROM
- Can progress post cuff and IR stretch to sidelying position
- Initiate chicken wing ER stretch
- Continue with joint mobs and manual stretching

STRENGTH:

- UBE for warm-up
- Standing db routine: flexion, scaption, empty can, deceleration
- Continue with t-band and Cable column exercises for biceps, triceps, scapular stabilizers
- Initiate push-up progression – wall, counter, table, knees
- Plyometrics – ball toss (chest pass, OH soccer throw)
- Progress rhythmic stab exercises to standing and holding
- T-band for resistance
- Manual PNF and T-band PNF

MODALITIES:

- Ice as needed following exercise and at night
- Key here is not allowing Upper trap compensation with dumbbell exercises – patient should only be allowed to lift arm as far as possible without compensating. A biofeedback can be used on the upper trap if needed to help teach neuro-muscular control.

PHASE THREE

(Week 6-12)

The goals in this phase are to restore full active ROM, progress strengthening and scapular stabilization exercises, and initiate more functional drills into rehab program.

EXERCISES

ROM:

- Pt should have full ROM in all planes by 6-8 weeks
- Continue with above exercises and g-h and scapular joint mobilizations to gain full range

STRENGTH:

Continue with strengthening exercises from previous phase increasing sets, reps, and intensity as able

Prone dumbbell therex

Progress push-up progression to floor and then with legs/feet on swiss ball

Initiate IR/ER isokinetics

Standing rhythmic stab with t-band or holding object as Resistance

Single arm plyometrics- ball on wall, deceleration tosses, plyo toss

Manual high speed PNF patterns; T-band PNF patterns

ER high and low speed t-band at 90/90 position

Lat pull-downs, shoulder press

MODALITIES:

Ice as needed

PHASE FOUR

(Week 12-24)

Goals include regaining full functional strength, implementing functional or sports specific training, and establishing a progressive gym program for continued strengthening and endurance training.

EXERCISE

ROM:

Continue from previous phase as needed

STRENGTH:

Continue from previous phase increasing reps and intensity

Initiate sports specific and functional activities

Interval throwing program (consult DR first)

When patient returns to a gym program, he/she must be educated in proper lifting techniques to avoid impingement. This includes the following: performing military press and lat pull-downs in front of body rather than behind the head; limiting the range of motion when performing exercises such as bench press and flies so that the elbows never fall past the plane of the thorax; limiting range with deltoid abduction lifts to 90°.