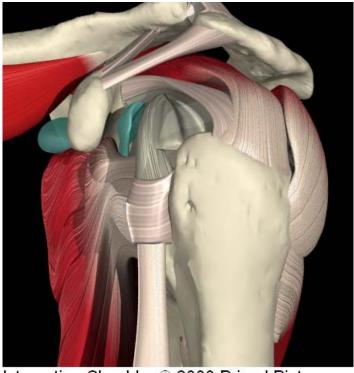
COSM **REHAB**

ANOTHER SERVICE PROVIDED BY THE CENTER FOR ORTHOPAEDICS & SPORTS MEDICINE

REHABILITATION PROTOCOL





Interactive Shoulder © 2000 Primal Pictures Ltd.

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> Developed: 3/2006 Revised: _____

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REHAB	PROTOCOL		1 OF 4
ARTHROSCOPIC SUBACROMIAL DECOMPRESSION AND/OR PARTIAL ROTATOR CUFF DEBRIDEMENT PROTOCOL AND/OR DISTAL CLAVICAL EXCISION/MUMFORD PROCEDURE	Indiana Punxsutawney Clarion	724.465.2676 814.938.0740 814.226.6573	DEVELOPED: 3/2006 REVISED:

Special note: This protocol is only a guideline and not intended to substitute for appropriate clinical decision making by the clinician. If a clinician requires assistance, the clinician should consult with the referring surgeon.

This rehabilitation program's goal is to return the patient/athlete to their activity/sport as quickly and safely as possible. The program is based on muscle physiology, biomechanics, anatomy and healing response.

PHASE I – IMMEDIATE MOTION PHASE (0-2 weeks)

Goals: Re-establish non-painful Range of Motion **Retard Muscular Atrophy** Decrease pain/inflammation Re-establish dynamic stabilization Range of Motion: Passive Range of Motion Pendulums Exercise Pulley Exercises Wand exercises - Flexion/Extension - Abduction/Adduction - ER/IR (Begin at 0 degrees AB, progress to 45 degrees AB, then 90 degrees AB) -Active elbow, wrist and hand Self-stretches (capsular stretches) Inferior Posterior Strengthening Exercises: Isometrics -Flexion, extension, abduction, IR, ER, Biceps May initiate tubing for ER/IR at 0 degrees AB late phase Light wrist PRE's and hand strengthening. Decrease Pain/Inflammation: Developed: 3/2006

Revised:

Ice, NSAIDS, Modalities

PHASE II – INTERMEDIATE PHASE (2-6 weeks)

Goals:Regain & Improve Muscular Strength
Normalize Arthrokinematics
Improve Neuromuscular Control of Shoulder Complex
Diminish Pain

<u>Criteria to Progress to Phase II</u> Full ROM Minimal Pain & Tenderness

Exercises:

Initiate Isotonic Program with Dumbbells

- Start light with $\frac{1}{2}$ to 1 pound and progress only as tolerated based on pain and quality of performance and motion.

- Shoulder musculature and Scapulothoracic
 - o Elevations
 - Prone rowing
 - Prone horizontal abduction
 - Side-lying ER
 - Shoulder abduction to 90, greater in late phase
 - Shoulder extension to neutral
 - Band exercises

Normalize Athrokinematics of Shoulder complex

- Joint Mobilization
- Control Wand ROM

Initiate Neuromuscular Control Exercises

Initiate Trunk Exercises

Initiate UE Endurance Exercises

Decrease Pain/Inflammation: Continue use of modalities, ice, as needed

> Developed: 3/2006 Revised: _____

PHASE III – DYNAMIC STRENGTHENING PHASE (6 to 12 weeks)

Goals:Improve Strength / Power/EnduranceImprove Neuromuscular ControlPrepare athlete to begin to throwPrepare worker to simulate job tasks

<u>Criteria To Enter Phase III</u>: Full non-painful ROM No pain or tenderness

Emphasis of Phase III: High speed, high energy strengthening exercises Eccentric exercises Diagonal patterns

Exercises:

- Continue dumbbell strengthening (supraspinatus, deltoid)
- Initiate Tubing exercises in the 90/90 degree position for ER/IR (slow/fast sets)
- Tubing exercises for scapulothoracic musculature
- Tubing exercises for biceps
- Initiate Plyometrics for RTC
- Initiate Diagonal Patterns (PNF)
- Initiate Isokinetics
- Continue endurance exercises: neuromuscular control exercises

PHASE IV – RETURN TO ACTIVITY PHASE (12 weeks+)

(Note: Return to sport or work may occur early based on physician decision)

<u>Goals</u>: Progressively Increase Activities to prepare patient for full functional return to sport or work.

Criteria To Progress to Phase IV:

Full ROM No pain or tenderness Satisfactory Clinical Exam Normal shoulder mechanics

Exercises:

- Initiate Sport or Work Interval Program
- Continue all exercises as in Phase III
- (Throw and Train on Same Day), (LE and ROM on Opposite Days)
- Progress Interval Program

REFERENCES

1. McKirgan CC, Bizousky DT, Fugate DS, Shetty JN. Personal correspondence about: Arthroscopic subacromial decompression and partial rotator cuff debridement and distal clavical excision/Mumford procedure. February 2006.

2. APTA. Guide to Physical Therapist Practice, 2nd Edition, *Phys Ther.* 2003; 81:9-744.

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