

**Dr Kevin Murphy Post Op Shoulder PT Protocols :**

1. Rotator cuff repair
2. SLAP
3. Bankart

**Office Phone**: 904.634.0640
**Murphy Team Direct Line**:904.328.6697 **Murphy Team Email**: MurphyTeam@Se-ortho.com

PROTOCOL:

**ROTATOR CUFF REPAIR**

 PHYSICAL THERAPY PROTOCOL

**Preoperative Guidelines**

· Restore AROM

· Strengthen involved extremity in pain free ROM, emphasize rotator cuff/scapular stabilization musculature

· Instruct in use of abduction pillow immobilizer, icing, hand gripping, elbow ROM

· Educate Patient on post-op protocol and importance of compliance for good outcomes

**Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.**

**Phase I (Post-op Day 1 - Week 3)**

· **No passive IR**

· Immobilizer with abductor pillow x 2 wks: must be worn all the time, even at night

· Wean from immobilizer 2-4 weeks

· Begin scar massage once incision site sloughs/scar is formed

· Hand squeezing exercises

· Elbow and wrist AROM

· Gentle pendulum in small ranges: **no extension, ER or IR**

· PROM as tolerated in scapular plane with pain free ROM

· Scapular retraction exercises

· Begin stationary bike as tolerated

· Ice 20 mins 3-5 times/day for 5-7 days, then PRN

· Sleep with pillow under arm for comfort

**Goals:** Pain control, PROM greater than 90 degrees in abduction and flexion, normal elbow & wrist ROM

**Phase II (Weeks 4 - 6)**

· Continue scapular mobility exercises/ scapular stabilization exercises

· Resisted elbow/wrist exercises (light dumbbell)

· AAROM ER as tolerated

· AAROM IR as tolerated if no subscapularis repair

· UBE with low resistance forward and backward

· 1-2 Finger sub-maximal isometrics

· Begin Theraband scapular exercises

· Rhythmic scapular stabilization exercises at 6 weeks

· Continue stationary bike

**Goals**  AAROM to 120 flexion and abduction, no scapular adhesions. Be able to touch top of head at 6 weeks.

**Phase III (Weeks 7 - 9)**

· Continue to full PROM

· Begin rotator cuff Theraband exercises: ER/IR at 0 degrees shoulder

· Begin scaption (thumb up) to 90 degrees at 8 weeks

· ER in sidelying

· Standing rows with Theraband

· Prone horizontal shoulder abduction/scapular retraction at 90 degrees

· Serratus anterior exercises: “Pushouts”

· Hands and knees weight shifting, ball on wall weight shifting

· Continue stationary bike

· Pool walking/running no UE resistive devices in pool

**Goals**  Full AROM shoulder with normal scapulothoracic motion

 **Phase IV (Weeks 10 - 12)**

· Begin active behind back IR

· PROM as needed to restore full functional ROM

· Cont Theraband, free weights and scapular stabilization exercises with increased resistance as tolerated. **Emphasize muscle fatigue** . Perform all exercises to fatigue 3 times/week.

· Body Blade and closed chain exercises as tolerated

· Push-up progression against the wall

· Elliptical trainer

· Treadmill walking progression

· Pool therapy with UE resistive devices

· May begin jogging at 12 weeks

**Goal**  50 wall push-ups, strength at least 4/5 rotator cuff muscles

**Phase V (Months 4 - 6)**

· Gym program: begin weight training starting with light resistance

· Continue push-up progression program: to table, to bent knees, to regular

· Continue strengthening and stabilization exercises as needed

· Gravitron pull-ups and dips within pain free ROM

· Begin functional training/ sports-specific drills:

· Basketball dribbling, pass and catch (no overhead), shooting in the key

· Frisbee throw and catch

· Racquetball , tennis, ping pong forehand and backhand (no overhead)

· Football catch and underhand throw

· Volleyball: bumping, setting and underhand serve

· When pain free, begin throwing progression and gradually work on overhead sports drills

· Pool begin swimming laps

**Goals:** Shoulder strength WNL and equal bilaterally, 90% patient subjective rating, pain free functional/sports drills

***No contact sports until 6 months post-op***

**ISOLATED SLAP DEBRIDMENT OR REPAIR**

PHYSICAL THERAPY PROTOCOL

**Preoperative Guidelines**

· Restore full shoulder AROM

· Protect long head of biceps

· Strengthen in pain-free ROM, emphasize rotator cuff/scapular stabilization musculature

· Instruct in use of sling for comfort, icing, hand gripping, elbow and shoulder ROM

· Educate Patient on post-op compliance to ensure best functional outcome

**Note: Exercise prescription is dependent upon the tissue healing process and**  ***individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.**

**Phase I (Post-op Weeks 1-3)**

· **NO RESISTED BICEPS X 6 WEEKS**

· No Running

· Sling (for comfort). Wean as tolerated

· Hand squeezing exercises

· Elbow and wrist AROM

· Sub max isometrics all planes (maintain 90 degrees elbow flex and **NO BICEPS**)

· **May begin AAROM and AROM shoulder exercises with pendulum, wand, wall walks,**  **etc. THE FIRST WEEK POST-OP: do not “push through” any sharp pain**

· Ice 20 mins 3-5 times/day for the first week, then PRN after that

**Goals**: Control/reduce pain and inflammation, allow soft tissue healing, avoid loading long head of biceps, AROM shoulder: 40 degrees ER, 120 degrees flex and abduction, full IR, full elbow, hand and wrist ROM

**Phase II (Weeks 4-6)**

· **NO RESISTED BICEPS X 6 WEEKS**

· Progress shoulder PROM/AAROM to tolerance

· UBE forward and backward

· Posterior capsule and posterior rotator cuff stretching

· Scapular mobilizations

· Scapular strengthening exercises: shrugs/rows/retraction**/**pushouts (“punches”)

· Level I Dynamic stabilization exercises for scapula: gentle weight shifting with hands on wall, progress to hands and knees weight shifting

· Light tubing exercises for all shoulder directions

· Stationary bike

· Walking on treadmill (may start jogging progression if debridement only)

**Goals:** AAROM: Flex 160 degrees, Abd 160 degrees, ER 60 degrees, IR to T10, Pain control, no scapular adhesions

**Phase III (Weeks 7-12)**

· Continue previous exercises to increase flexibility, strength and proprioception

· May need to be more aggressive with stretching. Therapist may add mobilizations, or other techniques as needed.

· Gradually progress elbow flexion strengthening

· Gradually progress shoulder flexion/biceps tendon strengthening

· Progress the tubing/weights as tolerated

· If no pain, initiate Level II Dynamic stabilization exercises: supine tubing pertubations, single arm weight shifting on hands and knees, PNF, rhythmic stabilization, ball on wall, BAPS, small Body Blade: start with 2 hands, Plyoback: 2 hands only and at chest level.

· Wall pushups….progress to table, then bent knees

· Pool program for strengthening and ROM/stretching

· Gym program when tolerated

· Bike/Treadmill/jogging progression

**Goals:** Full AROM shoulder: Normal GH joint ROM and scapulothoracic rhythm, full AROM elbow, 30 table pushups, normal shoulder strength

**Phase IV (Weeks 12+)**

· Continue previous exercises to increase flexibility, strength and proprioception

· Regular push-ups

· Initiate sports-specific or work-specific drills/tasks

· Throwing progression

· Continue gym progression

· May begin swimming progression

**Goals :** Resume all activities (pain free) by 6 mos, normal shoulder pain free ROM and strength, normal arthrokinematics

***No contact sports until 6 months post-op (Repair) or 3 months post-op (debridement) unless cleared by physician.***

**SHOULDER ARTHROSCOPY/BANKART REPAIR**

 PHYSICAL THERAPY PROTOCOL

**Preoperative Guidelines**

· Restore full AROM

· Strengthen involved extremity

· Educate Patient on post-op protocol

**Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all*  stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist**

**Phase I (Post-op Days 1 7)**

· **No extension past plane of the body x 4 weeks**

· **No running**

· **No ER > 0 degrees**

· Sling: Wear always, even at night. Maintain ER at 0 degrees

· Hand squeezing exercises

· Elbow and wrist AROM

· 2-Finger isometrics (but **No resisted rotation)**

· Shoulder shrugs and scapular retraction and protraction

· Supported pendulum exercises

· Supine assisted shoulder flexion, use other arm to raise affected shoulder to 90 degrees

· Stationary bike

· Ice pack 20 mins 3x/day

· Sleep with pillow under arm for comfort

**Goals**: Pain control, normal scapular mobility, PROM for shoulder flexion to 90 degrees

**Phase II (Weeks 2 - 4)**

· **No extension past plane of the body x 4 weeks**

· **No running**

· **No ER > 0 degrees**

· Continue sling while in public, but start to wean off

· Pendulum exercises

· Resisted elbow/wrist exercises (light dumbbell)

· Shoulder shrugs and scapular retraction and protraction

· Supine IR to 45 degrees to 60 degrees (w/arm abducted to 45 degrees )

· Supine AAROM flexion and abduction to 90 degrees only, progress to scapular plane

· 1-2 Finger isometrics: submaximal and pain free in all directions

· Continue stationary bike

**Goals:** Supine AAROM: Supine flex and abduction to 90 degrees , Pain control

**Phase III (Weeks 5 8)**

· **No Running**

· Continue appropriate previous exercises

· AAROM: towel stretch, wand, pulley, wall climbs, etc. Do not “push through” any sharp, jabbing, or pinching” pain

· Light stretching into ER

· UBE: light resistance 10 minutes forward and 10 mins backward, increase resistance at 6 weeks

· Rotator Cuff exercises with Theraband: ER and IR at side flexion and scaption (thumb up) to 90 degrees

· Scapular exercises: rows, shrugs and “push-out” exercises with Theraband, prone horizontal abduction at 90 degrees

· Treadmill Walking progression program

· Exercise bike, Stairmaster, Nordic Track, etc

· Pool exercises: jogging/shoulder ROM and gentle strengthening as above

**Goals: 90% FAROM, pain free ADLs, at least 4/5 strength per MMT, 10 mins UBE without pain**

**Phase IV (Weeks 9-12)**

· Continue appropriate previous exercises

· PROM as tolerated to restore near full functional ROM, aggressive stretching, GH Joint mobilizations prn

· UBE 15 min forward and 15 min back, gradually increase resistance

· Continue with Rotator cuff exercises: emphasis is on muscle fatigue every other day. Move progressively into higher shoulder ROMbench press, military press in front of body

· Scapular stabilization and proprioception exercises:

–Rows on Total Gym (arms at sides and at 45 degrees)

–Shrugs and Prone horizontal shoulder abduction (arm at 90 degrees)

–Small circle rotations with Ball against wall

–Scapular protraction (push-up with a plus) against wall.

–Rhythmic stabilization/perturbations

–Body Blade

–BAPS on all 4s

–Plyoball progression

 –Fitter on hands

· Push-up progression: Wall to table to chair to knees (no elbow flexion >90 degrees)

· Functional Training (Under PTs supervision…Must be pain free and no overhead):

 –Basketball Dribble, pass and catch (no overhead), shooting in the key

 –Frisbee throw and catch

 –Football catch and underhand throw

 –Volleyball bumping, setting, and underhand serve

 –Racquet swings: forehand and backhand…No overhead

· Treadmill running progression

· Stairmaster, Elliptical trainer, stationary bike

· Progress with Pool Exercises

**Goals:** Full Shoulder AROM, normal strength per MMT, 50 push-ups on knees

**Phase V (Months 3 6)**

· Continue Rotator Cuff and scapular PREs: 3x/week and into the higher ROMs, but not in “at risk positions”.

· Sports specific drills: dribbling, passing, catching, shooting, rebounding, etc.

· Throwing progression

**Goals:** Pain free throwing

 ***No contact sports until 6 months post-op***