

**Orthopedic Surgery • Sports Medicine**  
*Neil Kumar, MD*

**Shoulder Arthroscopy with possible:**

**Subacromial Decompression, Distal Clavicle Excision, Biceps Tenotomy**

“As tolerated” should be understood to “perform with safety” for the repair. Pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease your activity level and ice your shoulder.

Ice should be applied to the shoulder for 15 to 20 minutes following each exercise, therapy, or training session. While your shoulder remains swollen, icing should also be done separate from exercise sessions at least three times per day.

All times and exercises are to serve as guidelines only. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

**Pre-Operative**

- ROM (range of motion) – Full, no restrictions
- Therapeutic Exercise - Learn exercises for post op regimen
  - Pendulums
  - Scapular stabilization
  - Rotator cuff isometrics
  - L-bar and tubing exercises for ER/IR
  - Passive and active elbow ROM
  - Passive and active wrist ROM
  - Grip squeezes
- Modalities - Cryotherapy (Ice) six to eight times per for 15 to 20 minutes each time
- **Goals for Surgery**
  - Educate on safe technique for home exercises

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### **Post-Operative Phase I: Weeks 0 – 2**

- Sling – for comfort
- ROM – full active and passive ROM
- Therapeutic Exercise
  - Pendulums
  - L-bar and tubing exercises for ER/IR
  - *Submaximal and subpainful isometric exercises performed in supine position within a non-painful range and progressed gradually*
    - Abduction and Adduction
    - Internal and External Rotation
    - Shoulder flexors
    - Elbow flexors
    - Periscapular stabilizers
- Modalities
  - NMES (neuromuscular electrical stimulation)
  - HVPC (high volt pulsed current) for swelling reduction
  - Cryotherapy six to eight times per day for 15 to 20 minutes each
- Cardio – Stationary bike without resistance
  
- **Goals for Phase II:**
  - Full ROM
  - Reduced swelling
  - Decreasing pain

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### **Post-Operative Phase II: Weeks 2 - 4**

***\*\*\*Include exercises on non-involved side\*\*\****

- Sling - none
- ROM – full active and passive ROM
- Therapeutic Exercise – Continue Phase I exercises
  - L-bar and tubing exercises for ER/IR
  - Humeral head stabilization
  - Progress shoulder isometrics
  - Initiate shoulder isotonic with dumbbells
- Modalities
  - NMES (neuromuscular electrical stimulation)
  - HVPC (high volt pulsed current) for swelling reduction
  - Cryotherapy six to eight times per day for 15 to 20 minutes each
- Cardio
  - Stationary bike with resistance
  - Elliptical without arm handles
  - UBE (arm bike) with no resistance
- **Goals for Phase III:**
  - Full ROM
  - No pain
  - Strength 70% non-involved side with manual muscle testing

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**Post-Operative Phase III: Weeks 4 – 6**

- Sling - none
- ROM – full active and passive ROM
- Therapeutic Exercise – Continue Phase II exercises
  - L-bar and tubing exercises for ER/IR at 90<sup>0</sup> abduction/90<sup>0</sup> flexion
  - Isotonic dumbbell exercises for rotator cuff, scapular and humeral head stabilizers
  - Isokinetic strengthening in scapular plane
  - Plyometrics for rotator cuff
  - Diagonal pattern strengthening
- Modalities
  - NMES (neuromuscular electrical stimulation)
  - HVPC (high volt pulsed current) for swelling reduction
- Cardio
  - Stationary bike with resistance
  - Elliptical
  - UBE (arm bike) with light resistance
  - Treadmill ambulation progressing to treadmill running
- **Goals for Phase III:**
  - Full ROM
  - Increasing strength and power
  - Improving scapular control
  - 5/5 strength manual muscle testing

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### **Post-Operative Phase V: After Week 6**

Throwing Program for return to overhead sport activities during this phase with progression based upon patient progress through earlier protocol.

- Initiate Phase 1 return to throwing
- Progress as instructed
- Return to overhead sports with successful program completion

Initiate sport specific plyometric activities as tolerated such as:

Basketball/Volleyball: Two foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, single-leg vertical jump, power skip, backwards skip, double-arm alternate-leg bound, alternate leg push off box drill, and side-to-side push off box drill

Baseball/Softball/Overhead throwing sports: Two foot ankle hops, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double arm alternate leg bound, cycled split squat jump, and return to throwing program