

Physicians & Surgeons

Terrence A. Sedgewick, MD
Bradford T. Black, MD
James C. Ballard, MD
David P. Huberty, MD
Jeffrey S. Feinblatt, MD
Shane R. Hanzlik, MD
Jacob R. Adams, MD



Physician Assistants

John D. Boyle, PA-C
Michael G. Garland, PA-C
Erin J. Van Dyke, PA-C
David C. Emch, PA-C
Benjamin W. Hoover, PA-C
Stephanie D. Bertrand, PA-C
Cole Hilliard, PA-C

Oregon City:
1508 Division Street, Suite 105
Medical Plaza II
Oregon City, OR 97045

Tualatin:
7401 SW Washo Court, Suite 100
Express Plaza
Tualatin, OR 97062

PHASE 1

Immediate post-op phase

(First 5-7 days after surgery, prior to starting PT)

Goals

- Protect the surgical site
- Ensure wound healing
- Diminish pain and inflammation
- Prevent stiffness and regain motion

Activities

Sling: Use your sling for 24-48 hours. Remove the sling 4 or 5 times a day to do pendulum exercises. You will need to sleep with your sling and pillow in place. It is often more comfortable to sleep in a recliner or on several pillows.

Use of the affected arm: You may use your hand on the affected arm in front of your body. It is all right for you to flex your arm at the elbow. Continue to move your elbow wrist and hand to help circulation and motion.

- No lifting of objects over 5 lbs.
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands

Ice: Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.

Appointment: Your first therapy appointment should be within 2-4 days after your surgery.

Exercises

Program: 7 days per week, 4-5 times per day

Pendulum exercises	1-2 sets	20-30 reps
Supine external rotation	1-2 sets	10-15 reps
Supine passive arm elevation	1-2 sets	5-10 reps
Scapular retraction	1-2 sets	5-10 reps
Shoulder Shrug	1-2 sets	10-15 reps

PHASE 2

Intermediate phase

(1-6 weeks post-op)

The instructions that follow are to aid your therapist in maximizing the results of your surgery while still protecting the repair. Bring these instructions to your therapy appointment.

Your therapist will instruct you on how to perform the exercises below and give you a home exercise program. It is important that you stay within the limits demonstrated and that you perform your exercises daily. You should strive to do your home exercise program at least 3-4 times per day, every day. The success of your repair depends on your rehab. PT should not hurt. Do not force painful motions.

Goals

Restore non-painful range of motion (ROM)
Retard muscular atrophy
Decrease pain! inflammation
Improve postural awareness

Minimize stress to healing structures
Independent with activities of daily living (ADLs)
Prevent muscular inhibition
Wean from sling

Activities

Sling: You should now have weaned out of using your sling. It is a good idea, however, to continue to use your sling when you are away from your house to "send a signal" that others should not hit your shoulder.

Ice: Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.

Driving: Unless instructed otherwise it should be okay to drive at this point.

Use of the affected arm: You can actively use your arm for daily living: bathing, dressing, driving, typing on a computer, eating, and drinking.

Range of Motion

PROM (non-forceful flexion and abduction)
Active assisted range of motion (AAROM)
AROM

Pendulums
Pulleys
Cane exercises
Self-stretches

Strengthening

Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate

Isotonic: theraband internal and external rotation in 0 degrees abduction

Once patient has pain free full ROM and no tenderness, may progress to the exercises below

Exercises

Initiate isotonic program with dumbbells
Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
Strengthen scapulothoracic musculature - isometric, isotonic, PNF
Initiate upper extremity endurance exercises

Manual treatment

Joint mobilization to improve/restore arthrokinematics if indicated
Joint mobilization for pain modulation

Rehabilitation Protocol for Partial Thickness Tears Without Repair

Phase 3

Intermediate phase

(6 weeks and beyond)

Goals

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

Criteria for progression to this phase Full painless ROM

No pain or tenderness on examination

Exercises

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast set)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)
- Diagonal patterns

Return to Sport:

12 weeks and beyond once adequate strength achieved for sports specific criteria.

EXERCISE REFERENCES



Pendulum exercise
Remove your sling, bend over at the waist and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion.



Supine passive forward elevation Lie on your back. Hold the affected arm at the elbow with the opposite hand. Assisting with the opposite arm, lift the operated arm upward, as if to bring the arm overhead. Slowly lower the arm back to the bed .



Supine external rotation Lie on your back. Keep the elbow of the operated arm against your side with the elbow bent 90 degrees. Using a cane or a long stick in the opposite hand, push against the hand of the operated arm so that the operated arm rotates outward. Hold for 10 seconds, relax and repeat. The amount of allowed external rotation will be specified after surgery.



Shoulder blade pinches
While standing, pinch shoulder blades backward and together