

Recommendations for Physio:

Non reconstructive shoulder arthroscopy (SAD, ACJ excision, Biceps Tenotomy, capsular release)

Thank you for looking after this patient's rehabilitation post shoulder arthroscopy. The following is for guidance only and should not replace your own clinical assessment and experience. All patients are different and post op capsulitis, pain or complications of surgery may slow progress in some. The degree of post operative pain varies based on the amount done, e.g. a diagnostic scope is not likely to be as painful as a subacromial decompression and AC joint excision. As a result the stages may be delayed by 2-4 weeks in some individuals. Nonetheless as there is no reconstruction involved in these procedures, nothing needs to be "protected". We will provide a post op note outlining the findings and procedure for your information. We review patients at week 6 and sometimes at week 18. If concerned please contact our office and we will arrange earlier review.

Phase I (Day 1-14):

- Wean from sling ASAP. For support in the community only. Off in bed, off at home.
- Restore non-painful range of motion (ROM). Initially PROM and move as tolerated to Active assisted and AROM
- Prevent muscular atrophy and inhibition through early isometrics
- Decrease pain/inflammation: Cryotherapy and compression. Ensure you patients takes pre session analgesia/anti-inflammatories as required.
- Activities of daily living (ADLs) as tolerated. Encourage hand, wrist and elbow AROM
- Encourage Scapular control (STC), trigger point release and neck ROM
- Avoid unnecessary compression of subacromial structures
- Ensure good scapular control and isolated glenohumeral range. (The latter may need to be progressed slowly in capsular release)

Phase 2: (2-6 Weeks)

- Ensure full composite AROM and proprioceptive control before progressing strength
- Regain and improve muscular strength and improve neuromuscular control
- Strengthen shoulder musculature: isometric, isotonic as tolerated
- Add endurance exercises as tolerated.
- Start low percentage ORM high rep and develop resistance as tolerated.

Phase 3: (6 weeks+)

- Improve overhead strength, power, and endurance
- Graduate throwing and similar overhead activities or other sport specific activities
- Increase speed and power, theraband, plyometrics.
- Workplace ergonomic assessment and/or work hardening as needed
- Discharge when patient has returned to advanced functional activities

