**REHABILITATION GUIDELINES FOR SHOULDER ARTHROSCOPY**  
(INCLUDING SUBACROMIAL DECOMPRESSION, MUMFORD PROCEDURE AND/OR LABRAL DEBRIDEMENT)

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

### PHASE I (Surgery to 3 weeks or until progression criteria is met)

| APPOINTMENTS | Meet with the physician at 1 week post op  
Begin physical therapy within 3-5 days of surgery |
| REHAB GOALS | 1. Reduce pain and swelling in the post surgical shoulder  
2. Regain full PROM/AAROM  
3. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints |
| PRECAUTIONS | 1. Avoid activities that may impinge on the denuded bone of the acromion  
2. Use sling as needed for comfort  
3. Relative rest to reduce inflammation |
| SUGGESTED THERAPEUTIC EXERCISE | • Begin 7 days post op, sub-maximal shoulder isometrics for IR/ER, flex/ext & abd/add  
• Shoulder AATOM/PROM: codmans, pulleys, cane exercises in all planes of motion except horizontal adduction (these should stay relatively pain free)  
• Gentle shoulder mobilizations as needed  
• Hand gripping  
• Elbow, forearm and wrist AROM  
• Cervical spine and scapular AROM  
• Postural exercises |
| CARDIOVASCULAR FITNESS | Walking, stationary bike  (Avoid running and jumping due to the distractive forces that can occur at landing) |
| PROGRESSION CRITERIA | The patient can progress to Phase II when they have achieved full PROM and 5/5 strength for IR/ER at side |

### PHASE II (Begin when patient has met criteria from Phase I, ~4-5 weeks post op)

| APPOINTMENTS | Meet with the physician at 4 weeks post op  
Physical therapy 1x/ 1-2 weeks |
| REHAB GOALS | 1. Controlled restoration of AROM  
2. Strengthen shoulder and scapular stabilizers in protected position (0-45 degrees abduction)  
3. Begin proprioceptive and dynamic neuromuscular control retraining  
4. Correct postural dysfunctions |
**PRECAUTIONS**

1. Avoid repetitive overhead activities
2. Post rehab soreness should alleviate within 12 hours of the activities

**SUGGESTED THERAPEUTIC EXERCISE**

- AROM in all cardinal planes – assessing scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening in non-provocative positions (0-45 degrees abduction)
- Scapular strengthening and dynamic neuromuscular control
- Cervical spine and scapular AROM
- Postural exercises
- Core strengthening

**CARDIOVASCULAR FITNESS**

Walking, stationary bike, stairmaster. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)

**PROGRESSION CRITERIA**

The patient can progress to Phase III when they have achieved full AROM (equal to uninvolved side) and 5/5 strength for IR/ER at 45 degrees abduction

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**PHASE III (Begin when patient has met criteria from Phase II, ~ 7-8 weeks)**

**APPOINTMENTS**

Meet with the physician at 8 weeks post op
Physical therapy 1x/2-3 weeks

**REHAB GOALS**

1. 5/5 rotator cuff strength at 90 degrees abduction and supraspinatus
2. Full multi-planar AROM
3. Advance proprioceptive and dynamic neuromuscular control retraining
4. Correct postural dysfunctions with work and sport specific tasks

**PRECAUTIONS**

1. Post-rehab soreness should alleviate within 12 hours of the activities

**SUGGESTED THERAPEUTIC EXERCISE**

- Multi-plane AROM with gradual increase in velocity of movement – assessing scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening in at 90 degrees abduction, provocative positions and work/sport specific positions
- Cervical spine and scapular AROM
- Postural exercises
- Core strengthening

**CARDIOVASCULAR FITNESS**

Walking, stationary bike, stairmaster and running (Avoid swimming until athlete has 5/5 rotator cuff strength at 90 degrees abduction and negative impingement signs)

**PROGRESSION CRITERIA**

Patient may progress to Phase IV if they have achieved full multi-plane AROM (equal to uninvolved side) and 5/5 strength for IR/ER at 90 degrees abd and full supraspinatus strength
**PHASE IV** (Begin when patient has met criteria from Phase III, ~10-12 weeks)

<table>
<thead>
<tr>
<th><strong>APPOINTMENTS</strong></th>
<th>Meet with the physician at 12 weeks post op and when goals from Phase IV are met. Physical therapy 1x/2-3 weeks</th>
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| **PHASE IV GOALS** | 1. 5/5 rotator cuff strength at 90 degrees abduction and supraspinatus  
2. Advance proprioceptive and dynamic neuromuscular control retraining  
3. Correct postural dysfunctions with work and sport specific tasks  
4. Develop strength and control for movements required for work or sport |
| **PRECAUTIONS** | 1. Post-rehab soreness should alleviate within 12 hours of the activities |
| **SUGGESTED THERAPEUTIC EXERCISE** | • Multi-plane AROM with gradual increase in velocity of movement – assessing scapular rhythm  
• Shoulder mobilizations as needed  
• Rotator cuff strengthening in at 90 degrees abduction, provocative positions and work/sport specific positions – including eccentric strengthening, endurance and velocity specific exercises  
• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions  
• Work and sport specific strengthening  
• Core and lower body strengthening  
• Throwing program, swimming program or overhead racquet program as needed |
| **CARDIOVASCULAR FITNESS** | Design to use work or sport specific energy systems |
| **PROGRESSION CRITERIA** | The patient may return to sport after receiving clearance from the Orthopedic surgeon and the physical therapist/athletic trainer. This will be based on meeting the goals of this phase |
Recovery after shoulder arthroscopy entails controlling swelling and discomfort, return of range-of-motion of the shoulder joint, regaining strength in the muscles around the shoulder joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your arthroscopic shoulder surgery.

A. COMFORT:
   Although arthroscopy uses only a few tiny incisions around the shoulder joint, swelling and discomfort can be present. To minimize discomfort, please do the following:
   1. **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in a plastic bag, then wrap the bag with a small towel to protect your skin. Place the ice over your shoulder for no more than 20 minutes, 3 times a day.
   2. **Pain Medication** – If your physician has prescribed a pain medication for you, take it as prescribed, but only as often as necessary. If no pain medication has been prescribed, Extra-Strength Tylenol or aspirin can be used. Avoid alcohol and do not drive if you are taking pain medication.
   3. **Antibiotic Medication** – If an antibiotic has been prescribed, start taking the day of your surgery. The first dose should be around dinnertime. Continue taking until the prescription is finished.
   4. **Sling** – A sling has been provided for your comfort. Use the sling only as long as it is necessary (usually 1-2 weeks) and then discard it unless otherwise advised by your doctor.
   5. **Motion** – Regaining motion in your shoulder and arm can decrease pain and hasten your recovery.
   6. **Driving** – Driving is NOT permitted as long as the sling is necessary.

B. ACTIVITIES:
   1. **Range-of-Motion** – Move your shoulder through a full range-of-motion as much as possible to prevent stiffness.
   2. **Daily Activities** – Use your shoulder and arm in activities of daily living as your level of comfort permits. Driving is NOT permitted as long as the sling is necessary.
   3. **Physical Therapy** – If physical therapy is required, your doctor will give you a prescription. You may call the therapist of your choice and begin therapy 3-5 days after your surgery. Take the prescription to the therapist for your first appointment.
   4. **Athletic Activities** – Athletic activities, such as throwing, swimming, bicycling, jogging, running and stop-and-go sports, should be avoided until allowed by your doctor after your first follow-up visit.
   5. **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your shoulder and arm. If you have any questions, please call your doctor.
C. WOUND CARE:
1. Keep the dressing on, clean and dry for the first 3 days after surgery.
2. Remove the dressing 3 days after surgery. The steri-strips (small white tape that is directly on the incision areas) should be left on until first office visit. You may apply band-aids to the small incisions around your shoulder.
3. You may shower 5 days after surgery, after the initial dressing has been removed. Apply new band-aids after showering.
4. Tub bathing, swimming and soaking should be avoided until allowed by your doctor after your first follow-up visit.

D. EATING:
1. Your first few meals, after arthroscopy, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

E. CALL YOUR PHYSICIAN IF:
1. Pain in your shoulder persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the arthroscopy incisions. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported.
3. You have a temperature elevation greater than 101° with no apparent cause.
4. You have pain, swelling or redness in your arm or hand.
5. You notice numbness or weakness in your arm or hand.

F. RETURN TO THE OFFICE:
1. Your first return to our office should be within the first 1-2 weeks after your surgery. Call your physician’s office to make an appointment for this first post-operative visit.