



Dr. Boyette Arm/Shoulder Procedures

Arm/Shoulder Procedures

[Arthroscopic Anterior Stabilization](#)

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Arthroscopic Anterior Stabilization

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove to shower (arm at side) ER to neutral	Elbow, wrist, hand ROM Gripping exercises
Weeks 4-8 PT 2-3x/week HEP daily	Protect surgical repair FF 145°, ER 30°	Sling except shower & exercises DC sling at 6 weeks No ER >30° No backward extension Avoid anterior capsule stretch	AAROM FF and ER Scapular stabilization Submaximal biceps, triceps, deltoid ER, and IR isometrics Gentle gradual ER: 0° abduction → max 30° 90° abduction → max 50° Posture training
Weeks 8-12 PT 2-3x/week HEP daily	Full ROM Scapulohumeral rhythm Restore strength 5/5	No sling Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching	AAROM IR Rotator cuff/periscapular stabilization Humeral head rhythmic stabilization Resistive exercise for scapula, biceps, triceps, and rotator cuff below horizontal plane
Weeks 12-18 PT 1x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	No sling Avoid painful activities OK to cycle/run at 12 weeks No contact/racket/throwing sports	Advance UE strengthening as tolerated ER/IR in 90/90 position Begin upper body ergometer (UBE) Initiate plyometrics Sport specific activities Throwing/racquet program 4-5 months
Weeks 18+ HEP daily	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance



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Arthroscopic Rotator Cuff Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1x/week HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove for hygiene & exercises	Codman & Pendulum Sidelying scapular stabilization Elbow, wrist, hand ROM Gripping exercises Cryotherapy prn PROM as tolerated (except for internal rotation which will start at week 3)
Weeks 4-12 PT 2-3x/week HEP daily	Protect surgical repair Restore ROM Gradual return to light ADL's below 90° elevation Normal scapulohumeral rhythm below 90° elevation	Sling except shower & exercises DC sling at 6 weeks No ER >40° until 6 weeks No FF >120° until 6 weeks	Weeks 4-6: Joint mobilizations Scapular stabilization Deltoid, biceps, triceps isometrics Wand activities in all planes with control (6 weeks) Begin supine rhythmic stabilization (week 6) Weeks 7-12 Advance scapular stabilization Improve scapulohumeral rhythm below 90° Progress AA/PROM to FF 155°, ABD 135°, ER 45°, ABER 90°, ABIR 45° AROM plane of scapula (supine → standing) Begin ER & IR isometrics Hydrotherapy if available Incorporate PNF patterns for combined motions
Weeks 12-26 PT 2-3x/week HEP daily	Full ROM Normalize scapulohumeral rhythm throughout ROM Restore strength 5/5	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching OK to begin running/cycling	A/AA/PROM no limits Continue scapular stabilization Advance scapulohumeral rhythm Endurance: upper body ergometer (UBE) Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff Add functional activities /return to function Begin tubing resistance for IR/ER in neutral, progressing to 90/90 IR/ER
Weeks 26+ PT 1-2x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities No contact/racket/throwing sports Return to sport (MD directed)	Advance eccentric training Initiate plyometrics Sport specific activities

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction $>90^\circ$, or rotation in 90° .
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. → Weeks 4-8: begin biceps isometrics. → Weeks 8+: begin biceps resistance training.
- SUBSCAPULARIS REPAIR:** Weeks 0-4: no ER $>0^\circ$, no active IR → Weeks 4-6 no ER $>30^\circ$, FF $>90^\circ$, or extension $>20^\circ$ → Weeks 6-12: begin active IR. → Weeks 12+: begin resisted IR.

MILESTONES TO RETURN TO FULL SPORT, WORK, HOBBIES:

- Clearance from surgeon and therapist
- Minimal to no complaints of pain
- Restoration of sufficient ROM for task completion
- Adequate shoulder girdle endurance for desired activity
- Regular completion of an independent strengthening program at least 3 days per week.

Return to sport/activity general time frames

- Golf- 5 months
- Tennis- 6 months
- Skiing- 6 months
- Football/Baseball/Softball- 6 months

SLAP Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1-2x/week HEP daily	Edema and pain control Protect surgical repair Sling immobilization FF 90°, ER 20°	Sling except shower & exercises Max FF 90°, ER 20° Support elbow during exercises to limit stress on repair	Elbow, wrist, hand ROM, grip AA/PROM FF plane scapula 90° AA/PROM ER 20° arm at side Sidelying scapular stabilization Submaximal deltoid & cuff isometrics Cryotherapy prn Pendulum exercises
Weeks 4-8 PT 2-3x/week HEP daily	Protect surgical repair FF 145°, ER 60° Improve IR & ER strength Scapulohumeral rhythm	Sling except shower & exercises DC sling at 6 weeks No ER >30° until 6 weeks No backward extension Avoid cuff inflammation	AAROM FF and ER Scapular stabilization Begin pulleys Hydrotherapy Scapular strengthening in protected arcs Humeral head stabilization exercises IR & ER isometrics Begin isotonic IR & ER at 6 weeks Posture training Periscapular strengthening (prone row, serratus punch, prone extensions, etc.)
Weeks 8-14 PT 2-3x/week HEP daily	Full ROM Scapulohumeral rhythm Restore strength 5/5	No sling Avoid painful ADL's Avoid rotator cuff inflammation	A/AA/PROM no limits Rotator cuff/periscapular stabilization Humeral head rhythmic stabilization Scapular stabilization/latissimus strength Upper body ergometry Isokinetic training Advance strengthening as tolerated Eccentric and closed chain exercises 12wk
Weeks 14-18+ PT 1x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	No sling Avoid painful activities OK to cycle/run at 12 weeks Pain free plyometrics No contact/racket/throwing sports	Advance UE strengthening as tolerated Begin plyometrics Sport specific activities Throwing/racquet program 4-5 months Functional activities/ return to function
Weeks 18+	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance

MILESTONES TO RETURN TO FULL SPORT, WORK, HOBBIES:

- Clearance for surgeon and therapist
- Minimal to no complaints of pain
- Restoration of sufficient ROM for task completion
- Adequate shoulder girdle endurance for desired activity
- Regular completion of an independent strengthening program at least 3 days per week.