



Arthroscopic Shoulder Rehabilitation Phase II (2-5 Weeks)

Goal:

- **Maintain integrity of the repair**
- **Continue passive range of motion**
- **Initiate Active Assistive ROM exercises**
- **Diminish pain and inflammation**
- **Do not overstress healing tissue**

Precautions:

- **No lifting of objects**
- **No functional use of affected hand**
- **May begin driving (per physician instructions)**
- **Minimal computer work 30-45minutes, no greater than 4 hours total (AFFECTED arm must be in sling)**
- **No across body or behind the back x 6 weeks (especially SLAP or biceps tenodesis)**

RANGE OF MOTION (Percentage of uninvolved arm)

	FLEXION	SCAPTION	ABDUCTION	ER	IR
Capsulolabral reconstruction	80%	80%	80%	80%	80%
SLAP repair	80%	80%	80%	80%	80%
PASTA Repairs	80%	80%	80%	80%	80%
Rotator Cuff Tear Partial (small to medium)	80%	80%	80%	80%	80%
Rotator cuff tear Large or Complete	70%	70%	70%	70%	70%

STRENGTH:

- **Begin Active Assistive ROM with wand @ 3 weeks, begin seated Rope and pulley**
- **Begin very low level active *gravity assisted* exercises**

THERAPIST: (make sure patient is doing well with ROM by week 5 before progressing with strength!!!!)

- **Begin AAROM in all planes**
- **start ER and IR at 45 of ABD**
- **Begin gentle rhythmic stabilization at balanced position and IR / ER at 45 of ABD**
- **Soft tissue mobilization to upper, mid trap and serratus / subscapularis**
- **Begin manual scapular patterns protect shoulder**
- **Decrease pain modalities**

Activities:

Should be able to eat drink, dress, groom, wash face
Begin walking for exercise (precaution treadmills)

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EARLY PHASE II ROM EXERCISES (2-3 WEEKS)



FLEXION

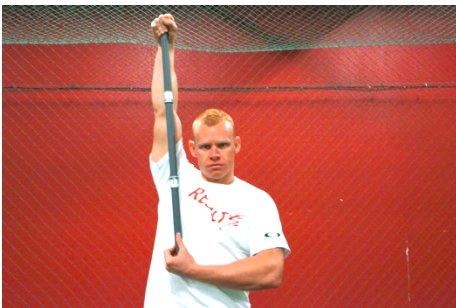


SCAPTION



EXTERNAL ROTATION

LATE PHASE II ROM EXERCISES 4-5 WEEKS)



FLEXION



SCAPTION



Assist w opposite hand flexion

GRAVITY ELIMINATED EXERCISES



FLEXION



IR /ER



ABDUCTION