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 30-45 minutes, 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)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>FLEXION</th>
<th>SCAPTION</th>
<th>ABDUCTION</th>
<th>ER</th>
<th>IR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsulolabral reconstruction</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
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<tr>
<td>SLAP repair</td>
<td>80%</td>
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<tr>
<td>PASTA Repairs</td>
<td>80%</td>
<td>80%</td>
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<tr>
<td>Rotator Cuff Tear Partial (small to medium)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
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<td>80%</td>
</tr>
<tr>
<td>Rotator cuff tear Large or Complete</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

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

FLEXION

SCAPTION

Assist w opposite hand flexion

LATE PHASE II ROM EXERCISES 4-5 WEEKS

GRAVITY ELIMINATED EXERCISES

FLEXION

IR/ER

ABDUCTION