



## Shoulder Arthroscopy Debridement Post-Operative Rehabilitation Protocol

### **0-4 Weeks:**

- **Sling Use:** Wear shoulder abduction sling for comfort for the first 1-2 days, then discontinue.
- **Range of Motion (ROM):**
  - Progress from passive to active ROM as tolerated.
  - Forward Flexion: 140°
  - External Rotation (arm at side): 40°
  - Internal Rotation (behind back) with gentle posterior capsule stretching.
  - Avoid rotation with arm in abduction until 4 weeks.
- **Special Considerations:**
  - If distal clavicle excision performed, avoid cross-body adduction until 8 weeks.
- **Additional Exercises:**
  - Focus on grip strength, elbow/wrist/hand ROM, and Codman's exercises.
- **Precautions:**
  - Avoid abduction and 90°/90° external rotation until 8 weeks post-op.

### **4-8 Weeks:**

- **ROM Progression:**
  - Advance ROM as tolerated with goals of:
    - Forward Flexion: 160°
    - External Rotation: 60°
- **Isometric Exercises:**
  - Begin isometric strengthening exercises.
  - Progress deltoid isometrics.
  - Perform submaximal external and internal rotation exercises at neutral.
- **TheraBand Progression:**
  - Introduce TheraBand exercises as tolerated.

### **8-12 Weeks:**

- **Full ROM:**
  - Progress to full, pain-free range of motion.
- **Strengthening:**
  - Continue strengthening exercises as tolerated.
  - Begin eccentrically resisted motions and closed-chain activities.
- **Frequency:**
  - Perform strengthening exercises no more than 3 times per week to reduce the risk of rotator cuff tendonitis.

**Note:** Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery