



Post-Operative Shoulder Rehabilitation

Phase 1: Immediate postoperative period (weeks 0-6)

Goal

- Maintain / protect the integrity of repair
- Gradually increase PROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with modified ADLs

Precautions

- Maintain arm in KnappSak2, remove only for exercise
- No shoulder AROM, lifting of objects, shoulder motion behind the back, excessive stretching or sudden movements, supporting of any weight, lifting a body weight by hands
- Keep incision clean and dry

Criteria for Progression to Phase 2

- Passive forward flexion to $>125^\circ$
- Passive ER in scapular plane $> 75^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)
- Passive IR in scapular plane to $> 75^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)
- Passive abduction $> 90^\circ$ in the scapular plane

Days 1 to 6

- KnappSak2
- Pendulum exercises
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM
- Cryotherapy for pain and inflammation

Days 3 to 6

- Begin pulley exercises in forward flexion and abduction $< 90^\circ$
- Maintain proper posture, joint protection, positioning and hygiene

Days 7 to 28

- Continue with KnappSak2 at night and day for comfort

Pendulum / pulley exercises

Begin PROM to tolerance (done supine; should be pain free)

Flexion to 90°

ER in scapular plane to > 35°

IR to body / chest

Continue elbow, wrist, and finger AROM / resisted

Cryotherapy is needed for pain control and inflammation

May resume general conditioning program (e.g., walking, stationary bike) Aquatherapy / pool therapy may begin three weeks postoperative

Phase 2: Protection and active motion (weeks 6-12)

Goals

Allow healing of soft tissue

Do not overstress healing tissue

Gradually restore full PROM (weeks 4-5)

Decrease pain and inflammation

Precautions

No lifting

No supporting body weight with hands and arms

No sudden jerking motions

No excessive behind the back movements

Avoid upper extremity bike and ergometer

Criteria for progression to Phase 3

Full AROM

Weeks 5-6

Discontinue KnappSak2 at night

Between weeks 4-6, use KnappSak2 for comfort only

Discontinue KnappSak2 at end of week 6

Initiate AAROM flexion in supine position

Progressive PROM until approximately full ROM at weeks 4-5

Gentle scapular / glenohumeral joint mobilization to regain full PROM

Initiate prone rowing to the neutral arm position

Continue cryotherapy as needed

May use heat before ROM exercises

Aquatherapy OK for light AROM exercises

Ice after exercise

Weeks 6-8

Continue AROM, AAROM, and stretching exercises

Begin rotator cuff isometrics

Continue periscapular exercises

Initiate AROM exercises (flexion scapular plane, abduction, ER, IR)

* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

AAROM = active assisted range of motion

ADL = activity of daily living

AROM = active range of motion

ER = external rotation

IR = internal rotation

PROM = passive range of motion

ROM = range of motion

Phase 3: Early strengthening (weeks 10-16)

Goals

Full AROM (weeks 10-16)

Maintain full PROM

Dynamic shoulder stability

Gradual restoration of shoulder strength, power, and endurance

Optimize neuromuscular control

Gradual return to functional activities

Precautions

No lifting objects >5 pounds, sudden lifting or pushing activities, sudden jerking motions, overhead lifting

Avoid upper extremity bike and ergometer

Criteria for progression to Phase 4

Ability to tolerate progression to the low level functional activities

Demonstrated return of strength / dynamic shoulder stability

Reestablishment of dynamic shoulder stability

Demonstrated adequate strength and dynamic stability for progression to more demanding work- and sport-specific activities

Week 10

Continue stretching and PROM, as needed

Dynamic stabilization exercises

Initiate strengthening program

ER and IR with exercise bands /sports cord / tubing

ER side-lying (lateral decubitus)

Lateral raises *

Full can in scapular plane * (no empty can abduction exercises)

Prone rowing

Prone horizontal abduction

Prone extension

Elbow flexion
Elbow extension

Week 12

Continue all exercises listed above
Initiate light functional activities as permitted

Week 14

Continue all exercises listed above
Progress to fundamentals shoulder exercises

* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

Phase 4: Advanced strengthening (weeks 16-22)

Goals

Maintain full non-painful AROM
Advance conditioning exercises for enhanced functional use
Improve muscular strength, power and endurance
Gradual return to full activities

Week 16

Continue ROM and self-capsular stretching for ROM maintenance
Continue progression of strengthening
Advance proprioceptive, neuromuscular activities
Light sports (golf chipping / wedges, tennis ground strokes) if doing well

Week 20

Continue strengthening and stretching
Continue stretching if motion is tight
Initiate interval sports program (e.g., golf, doubles tennis) if appropriate