

Shoulder Impingement Rehabilitation Guidelines

Phase I

Pain relief-Modalities PRN
NSAIDS
Cryotherapy
TENS
Moist heat
Ultrasound
Phonophoresis/Iontophoresis
Isometrics
ROM-Manual/CPM
Codmans exercises
Grade I & II mobilizations

Phase I Milestones (1-2 Weeks)

Patient education
Pain relief
Keep & Increasing A/PROM
Independence and Compliance with HEP

Phase II

Mobility / Stability -Address joint and soft tissue restrictions/ hypermobility
Strength (concentric-> eccentric)
– Initiate Cuff Strengthening
– Strengthening in scapular plane
Maintained aerobic capacity

Phase II Milestones (3-4 Weeks)

Normalized SC, AC, ST mobility
Gradual increasing mobility
Gradual increasing stability
– Scapular glide within 90% of uninvolved
– IR & ER strength 50% of uninvolved in scapular plane
Pain relief

Phase III

Restore GH mobility (Especially posterior capsule)
Restore GH stability
Continued Strengthening
ER in multiple positions
Closed Kinetic Chain
PNF
Initiate isokinetics

Phase III Milestones (4-6 Weeks)

Full AROM

Internal/external rotation 4/5

Lower and middle trapezii 4/5

Rotator cuff strength increased - 50% of uninjured @ 90/90

Symmetrical posterior glide

Posterior shoulder flexibility within 75% of uninjured

Phase IV

Strengthening away from scapular plane & above 90°

ER @ 90/90

Isokinetics

Plyometrics

Phase IV Milestones (6-12 Weeks)

Painfree

Full AROM

Proper scapulo-thoracic and scapulo-humeral rhythm

Strength throughout Range

Strength 80% of uninvolved @ 90/90

Return to prior level of activity

Return to Play Criteria

Confidence in shoulder

Pain free ROM

Total range of motion concept:

ER @90/90 = $129^{\circ} \pm 9^{\circ}$ on pitching side

IR @90/90 = $61^{\circ} \pm 7^{\circ}$

Initiate age/position based interval throwing program when strength tests reveal 80% of contralateral side

Strength Measurements:

Concentric isokinetic strength ratios:

ER/IR = 62 – 70%

ER/AB = 66 – 72%

Hand held MMT strength ratios:

ER/IR @ 90/90 = 83 – 99%

Pitching shoulder = 83%

Non pitching shoulder = 99%

DISCLAIMER

These general rehabilitation guidelines are created by physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes, only. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists. The University of Kentucky and The American Society of Shoulder and Elbow Therapists take no responsibility or assume no liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.