

Charles Metzger, M.D.

Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy begun. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.

Instructions to therapist: Below are specific guidelines which are just that-guidelines. Every patient is different and there is room for adjusting protocol depending on progress. There should NEVER be ANY pain during ANY part of the rehabilitation. Pain causes inflammation which causes scar and stiffness and guarding and worsens the long-term prognosis. I prefer the thought of an "uncomfortable stretch" to actual pain.

Week 1

- Immobilizer full-time except bathing (gravity abducts the arm) and exercises:
 - Pendulums
 - Pulleys
 - Passive forward flexion limited by pain
 - Wall walking facing wall, and side-to-wall
 - Periscapulars (protraction, retraction, shrugs, shoulder circles done with no weights or therabands)
 - Bicep / tricep isometrics. NO deltoid isometrics. NO external rotation
 - Elbow / wrist / hand AROM

Week 2-6

- Sutures are absorbable and the ends may be clipped off
- Modalities and needed for pain control and inflammation
- Consider aquatherapy (if available) for ROM, in patients who progress slowly. Do not substitute aquatherapy for the exercises outlined below.
- No passive External Rotation in this phase. Do not force hand outside of elbow
- A/AAROM and patient assisted PROM in all directions are ok, including external rotation to 30°
- Continue week 1 exercises until full ROM achieved in flexion, extension and internal rotation and external rotation to 30°
- Early stretching, very gently, causing NO PAIN at ANY TIME
 - Towel / wand exercises for IR
 - Any other stretching techniques needed
 - Postural awareness

Week 6-12

- Discontinue sling or immobilizer
- Continue modalities as needed

- More aggressive stretching to establish full ROM if not achieved by now, including External Rotation with the goal being within 10 degrees of the other shoulder's external rotation by week 12
 - Still should NOT BE PAINFUL
 - Maintain position gained for 30 seconds each time, doing each stretch 20-30 times per day
 - Types of positions for that include "Superman," "wall-climbing," lying flat on back and placing hand overhead with palm behind head, and in the "raising hand" position

- Initiate strengthening
 - Light place and hold at 90 flexion, scaption, and abduction
 - Therabands in all directions except abduction and scaption
 - Light dumbbells and cable row exercises ok, with very low weight and high reps (minimum 15 done easily with no breaks in posture or motion of the trunk/abdomen)
 - Continue with scapular stabilizers
 - Avoid cross-chest position which can compress AC joint
 - Never do upright rows
 - With pull-down exercises for the traps, patient should always see the back of the hands
 - Weights should be handled slowly, with complete control and smooth rhythm. If the patient jerks or moves the body, too much weight is being used

Week 12 and beyond

- Advance strengthening as needed with no limitations other than pain
- Sports specific rehab as indicated. Consider throwing mechanics program. Pitchers require full external rotation and will have to stretch beyond 12 weeks to get within 5 degrees of the other shoulder
- Progress to home exercise program

COMMENTS: During this phase you will work to improve coordination/endurance and return to sports and heavy activities including return to work, and overhead reaching and lifting.