

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L CHT
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director
Valerie Peckingham PT
Isabella Mesturini PT,DPT

Peter Ives PTA
Kirsten Perillo PTA

Megan R. Wolf, MD

Sports Medicine/Foot & Ankle

Shoulder Manipulation Under Anesthesia Post-Operative Protocol

Phase I – Maximum Protection – Passive Range of Motion

Weeks 0 to 2:

- Sling – for comfort only.

Goals

- Reduce inflammation.
- Decrease pain.
- Progression to full range of motion.
- Postural education.

Manual therapy

- Ice and modalities to reduce pain and inflammation.
- STM – global shoulder and CT junction.
- Graded GH mobilizations.
- ST mobilizations.

Exercise progression

- Progress to full range of motion, flexion and external rotation as tolerated.
 - Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation shoulder extensions (stick off back).
- Cervical range of motion and basic deep neck flexor activation (chin tucks).
- Active elbow, hand and wrist range of motion.
- Active shoulder retraction.
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Phase II – Progressive Stretching and Active Motion

Weeks 2 to 4-6:

Goals

- Discontinue sling as instructed.
- Postural education.
- Full range of motion in all planes.

Manual therapy

- STM – global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS for range of motion and RC-SS activation.

Exercise progression

- Progress to full range of motion using a combination of passive and active range of motion strategies.
- Serratus activation: ceiling punch (weight of arm) - may initially need assistance.
- Scapular strengthening – prone scapular series (rows and I's).
 - Emphasize scapular strengthening less than 90 degrees.
- External rotation on side (no resistance).
- Sub-maximal isometrics.
- Cervical range of motion as needed to maintain full mobility.
- DNF and proper postural positioning with all RC-SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running until 6 weeks.

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Phase III – Strengthening Phase

Weeks 4-6 to 12:

Goals

- Full active range of motion
- Normalize GH/ST arthrokinematics.
- Activate RC-SS with isometric and isotonic progression.

Manual therapy

- STM and joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain range of motion while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Exercise progression

- Continue with combined passive and active program to push full range of motion.
- Internal rotation with thumb up back and sleeper stretch.
- Continue with ceiling punch adding weight as tolerated.
- Sub-maximal rotator cuff isometrics (no pain).
- ER/IR isotonics at 0 degrees.
- Active ER at 90 degrees adding resistance as able.
- Advance prone series to include T's and Y's as tolerated.
- Add seated rows and front lat pulls.
- Biceps and triceps progressive resistance exercises (6-8 weeks BR and BT).
- Scaption: normalize ST arthrokinematics.
- CKC progression: quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups (all as tolerated).
 - Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral - tripod position.
- Supine progressing to standing PNF patterns, with resistance as appropriate.

Phase IV – Advanced Strengthening and Plyometric Drills

Weeks 12 to 24:

Manual therapy

- STM and joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain range of motion while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Exercise progression (PRE/PSE)

- Full range of motion in all planes – emphasize terminal stretching.
- Advance strengthening at or above 90 degrees with prone or standing Y's and 90/90 as scapular control and ROM permit.
 - Patient health, physical condition and goals/objectives determine.
- Gym strengthening program: gradual progression with pressing and overhead activity.
- Progress closed kinetic chain program to include push-up progression beginning with counter, knee then gradual progression to full as appropriate.
- Continue with closed chain quadruped perturbations. Add open chain as strength permits.
- Initiate plyometric and rebounder drills as appropriate.



Ryan S. Charette MD
Adam Q. Ferguson DO
Jon Dale PA-C
Christa Beyer PA-C

Aaron S. Covey MD MBA
Rania R. Rifaey MD
Edward S. Gensicki DPM
Megan R. Wolf MD

Jon C. Driscoll MD
Hudson H. Seidel MD
Robert C. Stockton DO



www.comcllc.com
PH: 203.265.3280
FX: 203.741.6569

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Weeks 16 to 24:

Return to sport program

- Continue to progress RC and scapular strengthening program.
- Advance gym strengthening program.
- Return to sport testing for interval programs (golf, tennis etc.) using microfet dynamometer.
- Follow-up examination with the physician (4-6 months) for release to full activity.

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