

## RTC Protocol:

### Weeks 0-6 PROM only:

#### Weeks 0-2:

- Initiate flexion PROM in semi reclined position. Progression to 120 degrees flexion by the end of 2 weeks.
- Manual techniques to decrease soft tissue restrictions of scapular stabilizers, posterior cuff muscles; and pec minor/major; GH mobs grade I/II for pain relief
- Scapular Setting and posture review

#### Modalities:

- Moist hot pack to scapular stabilizers and upper trap muscles
- ICE shoulder joint for pain reduction and inflammation control
- Ultrasound if necessary

#### Weeks 2-4

- Progression of PROM in semi-reclined/supine as per pt comfort
- Flexion: 165 degrees; abduction 145 degrees by 4 weeks
- Continue STM; and modalities
- Continue scapular squeezes if pain free

#### Weeks 5-6

- Progression of PROM in supine
- Flexion to 165+; abduction 160+
- Initiate ER and IR; Progress towards 60-70 degrees IR; Progress towards 80 degrees ER and 40-50 degrees IR
- Continue STM, scapular squeezes, modalities
- Increase GH joint mobs to Grade III if capsular resistors are present

\*By end of week 6; pt should be able to achieve: PROM:>165 degrees flexion; >165 degrees abduction; >80 degrees ER; >45 degrees IR. STM: mild to moderate soft tissue restrictions of scapular stabilizers; supper trap, levator scap; and posterior cuff muscles.

\*At this point; the patient must be cleared by MD to progress to AAROM phase as well as D/C of abduction pillow sling.

### Phase II AAROM and isometrics

#### Weeks 6-8

- Initiate AAROM in all directions with T-cane in supine and progress to standing within available range and appropriate scapular mechanics
- Progress to isometrics of the shoulder by week 7 or 8 depending on tolerance

- Continue GH joint mobs and manual techniques to progress ROM to WNL
- By the end of 8 weeks; AAROM within available range, and AROM to 90 degrees flexion and abduction
- Pt HEP to include AAROM; scap depression isometrics; and shoulder 6 way isometrics

Phase III AROM; isotonic; scapular mechanics

Weeks 8-12

- Progression from isometrics to isometrics for shoulder 6 ways
- Progress AROM above 90 degrees within the limits of scapular mechanics
- Increase scapular depresses to isotonic exercises
- Progress IR PROM to WNL; measure also with HBB
- Once strait plane isotonics can be achieved with no discomfort with normal range, combined movements via PNF patterns can be added providing appropriate scapular mechanics (starting with manual resist)

Weeks 12-16 GH Stabilization and overhead

- Continue progression to overhead activities as applicable depending on work duties required to perform. Progression to overhead can only be accomplished if scapular mechanics are appropriate and work is done in a pain free range.
- Initiate GH joint stabilization with manual resistance and progress with relation to functional capacity and intensity.

\*At the end of 16 weeks, pt should be able to achieve full AROM with appropriate scapular mechanics, MMT>4/5; demonstrate good posture, and be I with HEP as pt must maintain consistent HEP for at least 32 weeks post op to insure complete recovery of strength, ROM, and function as histological changes are still occurring for 1 yr. Post op.

Home use of CPM: Protocol

Weeks 1-4: flexion movement

- Pt progresses as per tolerance and is to achieve 150 degrees flexion at the end of 3-4 weeks
- Frequency and duration: 3x/day @ 2 hours each.

Weeks 5 & 6

- Once 150 degrees flexion is achieved consistently; pt calls med source to have direction changed to abduction and pt is to achieve 120 degrees consistently (approx 1 wk). Finally, CPM is changed to abduction with ER combo and pt is to work towards a goal of 80 degrees ER by the end of

6 weeks. CPM is D/C once pt is D/C from abduction pillow sling and can progress to AAROM activities.