

Saint Louis University SSM Health Physical Therapy Orthopedic Residency  
in Collaboration with Dr. Scott Kaar and Dr. Christopher Kim

MD appointment for follow-up

Sling or immobilizer at all times<sup>1</sup> except to exercise, and shower/bathe

Home program: perform minimum of 3 times/day: AROM cervical spine, elbow, wrist, hand

Passive ER to 30°

Passive FF in scapular plane to 130°

Discontinue use of sling or immobilizer

Minimal pain and inflammation

Scar mobility, Diaphragmatic breathing, MLD of the UE for edema management<sup>2-3</sup>

PROM

Recommended precautions:

Limit passive ER to 30°, horizontal abduction and extension to neutral<sup>4-6</sup>

Limit passive FF to the scapular plane

Limit passive IR to the scapular plane

Aerobic conditioning<sup>7</sup>

Scapular retraction<sup>8</sup>

Passive FF to 150°

Passive ER to 60°

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Passive & Active assisted ROM<sup>10</sup>

Recommended precautions:

FF in scapular plane (wall slides<sup>8</sup> wand exercises, pulleys)<sup>11</sup>

ER (gentle beyond 30° to respect subscapularis healing)

FF AROM in supine

Manually resisted scapular side-lying stabilization exercises<sup>12</sup>

Initiate PNF patterning supported such as wall slides<sup>13</sup>

Isometrics:

Deltoid in neutral

ER (modified neutral) ROM < 30°

IR (modified neutral)

Aerobic conditioning including UBE<sup>7</sup>

Axioscapular muscle strength grades 4/5 MMT

Optimal scapulohumeral rhythm to 90° elevation

Minimal pain and inflammation with application of the soreness rules<sup>14</sup> for intensity of exercise

Progress ROM as tolerated<sup>11</sup>

Uniplanar flexibility exercises into extension and internal rotation

PNF patterning

Recommended precaution: in supine or supported until week 12<sup>15</sup>

Isotonic strengthening:

Emphasis on axioscapular muscles (scapular rows<sup>16</sup>)

Continued attention to humeral head control and scapulohumeral rhythm with as load progresses

Optimal

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For questions regarding

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