

REHABILITATION PROTOCOL- Scapulothoracic bursectomy/resection of scapular border The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns. Special attention must be given to impairments that caused the initial problem.

PHASE 1- Surgery to 2 weeks

#### REHAB GOALS

1. Reduce pain and inflammation
2. Regain range of motion

#### PRECAUTIONS

1. Sling immobilization until nerve block wears off (if applicable)
2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed

#### RANGE OF MOTION EXERCISES

- o Begin forward elevation in plane of scapula, ER at 30 deg abduction with arm supported
- o Elbow, forearm, wrist, hand ROM
- o Table slides, wall slides
- o Supine forward elevation, cane ER
- o Codman's exercises
- o Scapular retraction and protraction exercises

#### SUGGESTED THERAPEUTIC EXERCISES

- o Side lying PNF to scapula
- o LE strength training

#### CARDIOVASCULAR EXERCISE

Stationary bike at one week, minimize excessive perspiration in surgical wounds.

Treadmill walking if no sling

#### PROGRESSION CRITERIA

- o Minimal/no pain
- o Wound healing well

#### PHASE 2- 3-4 weeks

##### REHAB GOALS

1. Continue to improve on ROM
2. Minimize pain and swelling

##### PRECAUTIONS

1. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session
2. Avoid repetitive overhead motion

##### RANGE OF MOTION EXERCISES

- o Continue phase 1 exercises
- o Progress to active assist ROM SUGGESTED THERAPEUTIC EXERCISES
- o Non-weight bearing UE core stability
- o Supine flexion & pulley exercises. Reclined flexion progress to upright forward elevation

##### CARDIOVASCULAR EXERCISE Stationary bike, elliptical, walk/jog/run progression

##### PROGRESSION CRITERIA

- o No swelling or pain
- o >90 degrees of forward elevation & abduction passively

#### PHASE 3- 5-8 weeks postop

##### REHAB GOALS

Full range of motion

- o Initiate strengthening
- o Normalize shoulder mechanics

##### PRECAUTIONS

- o Continue ice post-therapy
- o Avoid repetitive overhead activities

##### RANGE OF MOTION EXERCISES

- o Continue exercises from phase 2.

- o Table slides, wall walking

#### SUGGESTED THERAPEUTIC EXERCISES

- o Continue exercises from phase 2
- o Theraband flexion, extension, ER/IR
- o Scapular stabilization exercises, postural exercises

#### CARDIOVASCULAR EXERCISE

Stationary bike increasing resistance, elliptical

#### PROGRESSION CRITERIA

- o 150 deg of forward flexion, 50 deg of ER at side
- o Normal/minimal deficit scapulohumeral rhythm

#### PHASE 4- 9-12 weeks postop

#### REHAB GOALS

- o Normal scapulohumeral rhythm
- o Full Passive ROM
- o Active ROM near full, minimal pain
- o 4/5 strength

#### PRECAUTIONS

Post-activity soreness should resolve within 24 hours

Avoid post activity swelling No above shoulder repetitive exercises

#### RANGE OF MOTION EXERCISES

- o Continue with flexibility exercises from previous phase
- o LE and core flexibility
- o Passive shoulder stretching can be initiated if no full ROM

#### SUGGESTED THERAPEUTIC EXERCISES

- o Continue phase 3 activities, progress with weight/resistance
- o Sport specific exercises- Jobe exercises, etc

#### CARDIOVASCULAR EXERCISE

Continue from phase 3, progress to baseline

#### PROGRESSION CRITERIA

- o Full passive, active GH ROM
- o No pain or swelling
- o At least 4/5 strength
- o Normal scapulohumeral rhythm

PHASE 5-13+ weeks postop

#### REHAB GOALS

- o Normal scapulohumeral rhythm
- o Full painless ROM
- o 5/5 strength
- o Return to sport/work

#### PRECAUTIONS

Post-activity soreness should resolve within 24 hours

Avoid post activity swelling

#### RANGE OF MOTION EXERCISES

- o Continue with flexibility exercises from previous phase

#### SUGGESTED THERAPEUTIC

- o Continue phase 3 activities, progress with weight/resistance
- o Throwers/overhead- begin light tossing, no full windup until 20 weeks

#### EXERCISES

- o Limited overhead strokes for swimming, tennis, volleyball
- o Progress to formal upper body strength & conditioning once athletes have 4+/5 rotator cuff strength, full active ROM, pain free
- o Sport specific drills when all of above completed

CARDIOVASCULAR EXERCISE Continue from phase 3, progress to baseline

#### PROGRESSION CRITERIA- RETURN TO WORK/SPORT

- o Full passive, active GH ROM
- o Normal scapulothoracic & glenohumeral mechanics
- o 90% strength of contralateral
- o Completion of sport/work specific program