

Subacromial Impingement Rehabilitation Protocol

I. Maximal Protection – Acute Phase

- Goals:
1. Relieve pain and inflammation
 2. Normalize range of motion
 3. Re-establish muscular balance
 4. Patient education and improve posture

Avoidance:

- The elimination of any activity that causes an increase in symptoms

Range of Motion:

- L-Bar
 - Flexion
 - Elevation in scapular plane
 - External and Internal rotation in scapular plane at 45° abduction
 - Progress to 90° abduction
 - Horizontal abduction/adduction
- Pendulum exercises
- AAROM – Limited symptom free available range of motion
 - Rope and pulley
 - Flexion

Joint Mobilizations:

- Emphasize
- Inferior and posterior glides in scapular plane
- Goal is to establish balance in the glenohumeral joint capsular

Modalities:

- Cryotherapy
- Iontophoresis

Strengthening Exercises:

- Rhythmic stabilization exercises for ER/IR
- Rhythmic stabilization drills Flex/Ext
- External rotation strengthening
 - If painful isometrics (ER, IR, Abd)
- Scapular strengthening
 - Retractors

- Depressors
- Protractors

Patient Education:

- Educate patient regarding activity level, activities
- Pathology and avoidance of overhead activity, reaching, and lifting activity
- Correct seating posture (consider lumbar roll)
- Seated posture with shoulder retraction

Guideline for Progression:

1. Decreased pain and/or symptoms
2. Normal ROM
3. Elimination of painful arc
4. Muscular balance

II. Intermediate Phase

- Goals:
1. Re-establish non-painful ROM
 2. Normalize athrokinematics of shoulder complex
 3. Normalize muscular strength
 4. Maintain reduced inflammation and pain

Range of Motion:

- L-Bar
 - Flexion
 - External rotation at 90° of abduction
 - Internal rotation at 90° of abduction
 - Horizontal abduction/adduction at 90°
- Rope and pulley
 - Flexion
 - Abduction (symptom free motion)

Joint Mobilization:

- Continue joint mobilization techniques to the tight aspect of the shoulder (esp. inferior)
- Initiate self-capsular stretching
- Grade II/III/IV
- Inferior, anterior and posterior glides
- Combined glides as required

Modalities: (as needed)

- Cryotherapy
- Ultrasound/phonophoresis
- Iontophoresis

Strengthening Exercises:

- Progress to complete shoulder exercise program
- Emphasize rotator cuff and scapular muscular training
 - ER tubing

- Sidelying ER
- Full can
- Shoulder abduction
- Prone horizontal abduction
- Prone rowing
- Prone horizontal abduction ER
- Biceps/triceps
- Standing lower trapezius muscular strengthening

Functional Activities:

- Gradually allow an increase in functional activities
- No prolonged overhead activities
- No lifting activities overhead

III. **Advanced Strengthening Phase**

- Goals:
1. Improve muscular strength and endurance
 2. Maintain flexibility and ROM
 3. Gradual increase in functional activity level

Flexibility and Stretching:

- Continue all stretching and ROM exercises
- L-Bar ER/IR at 90° abduction
- Continue capsular stretch
- Maintain/increase posterior/inferior flexibility

Strengthening Exercises:

- Establish patient on the fundamental shoulder exercises (see attached sheet)
 - Tubing ER/IR
 - Lateral raises to 90° dumbbell
 - Full can dumbbell
 - Sidelying ER
 - Prone horizontal abduction
 - Prone extension
 - Push-ups
 - Biceps/triceps

Guideline for Progression to Phase IV:

1. Full non-painful ROM
2. No pain or tenderness
3. Strength test fulfills criteria
4. Satisfactory clinical examination

IV. **Return to Activity Phase**

- Goals:
1. Unrestricted symptom free activity

Initiate Interval Sport Program: (see sheet)

- Throwing
- Tennis

-
- Golf

Maintenance Exercise Program:

Flexibility Exercises

- L-Bar:
 - Flexion
 - External rotation and internal rotation at 90° abduction
 - Self-capsular stretches

Isotonic Exercises

- Fundamental shoulder exercises
 - Perform 3 times a week