

Shoulder Manipulation

This protocol is intended to be a general guideline. The physician staff may advance, delay, or alter this protocol based on individual patient status. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form provided to the patient or therapist.

This protocol should be modified for any pre-existing post-op shoulder ROM/strength restrictions where applicable and incorporate functional milestones for individual patient goals.

Week 1: Patient to be seen the day after the manipulation and daily for the first 5 days following procedure (including Saturday if this falls over a weekend).

- Patient may use cryotherapy several times a day for pain and inflammation control
- Emphasize HEP compliance focusing on ROM and adequate use of pain medication and other modalities to control pain
- Focus on regaining full PROM as soon as possible with aggressive PROM, manual therapy, and joint mobilization to GH and surrounding joints as needed
- DAY ONE: teach patient self-ROM of fingers, wrist, and elbow. If nerve block remains active, teach home shoulder AAROM flex and ER with arm resting on table. Review active shoulder retraction, cervical AROM.
- Once nerve block has worn off, begin pulley AAROM for flex and scaption (issue home pulleys)
- AAROM cane-assisted flex, scaption, and ER
- IR stretches: modified sleeper stretch, strap-assisted stretch behind back

Weeks 2 and Beyond: Patient to be seen 3-4x/week until Week 4 or until ROM goals have been achieved, then 1-2x/week until all functional goals have been achieved.

- **Do not begin resisted strengthening activities until full PROM and proper form with AROM has been achieved**
- Once full PROM is achieved, begin AROM and progressive shoulder strengthening program
- Serratus punches, wall walking progressing to anti-gravity AROM
- Progress resisted strengthening: elastic resistance, weights, machines, etc.
- Progressive UE closed-chain drills
- Proprioception drills emphasizing neuromuscular control of parascapular muscles and proper scapulohumeral rhythm

Guidelines for Discharge

- Patient should achieve full functional shoulder AROM in all planes and full functional strength for ADLs and sport- or work-specific tasks.

- Patient should be discharged with a comprehensive home exercise program for maintenance of ROM and strength in keeping with any pre-existing post-op or anatomical restrictions.