These are rehabilitation guidelines for OSU Sports Medicine patients. Please contact us at 614-293-2385 if you have any questions.

**Weeks 1 – 4**
- Immobilize in sling per physician (typically 6-8 weeks)
- Pendulums
- Wrist and elbow ROM
  - Avoid active movement in all directions

**Goals for Progression to Next Phase**
1. Decreased pain
2. Minimal to no edema

**Weeks 4 – 6**
- Begin PROM, avoiding abduction, external rotation
- Scapular clocks, retraction, depression, protraction
- Scapular PNF
- Scapular mobility
- Begin table weight shifts for weight bearing through UEs
- Grades I-II (anterior, posterior, distraction) oscillatory joint mobilizations
- Stationary bike with immobilizer

**Goals for Progression to Next Phase**
1. 75-100% PROM, except ER- keep to no more than 30-40 degrees
2. Sleeping through the night

**Weeks 6 – 8**
- Initiate AAROM: progress to AROM as tolerated toward 8th week
- Can push PROM ER beyond 40 degrees
- Grade III sustained joint mobilizations for capsular restriction
- Isometrics: flexion, extension, abduction, ER, horizontal abduction
- Progress scapular strengthening
- Can progress weight bearing to quadruped, tripod (1 arm + 2 legs)
  - Avoid active adduction, horizontal adduction, IR

**Goals for Progression to Next Phase**
1. 75-100% full AAROM without pain
2. AAROM flexion, abduction, ER, IR without scapular or upper trap substitution
3. Tolerate PRE’s for scapular stabilizers and shoulder complex
4. No reactive effusion
Weeks 8-12:
- Gain full ROM through stretching and Grade III mobilizations
- Active flexion, abduction, adduction strengthening – avoid IR/flexion/horizontal adduction
- Progress scapular strengthening and progress rotator cuff strengthening, avoiding IR
- Begin submax pectoralis strengthening
- Wall pushups progressing to table pushups, uneven surfaces
- Dynamic stabilization, perturbations, weight bearing planks on hands
- Active ER, horizontal abduction – not to end range

Goals for Progression to Next Phase
1. Full AROM
2. Increased strength/ proprioception with exercise without an increase in symptoms

Weeks 12 – 24
- Progress scapular and rotator cuff strengthening, including IR
- Single arm pectoralis major strengthening: theraband, then progress to dumbbell bench press with light weight/ high reps, avoiding a wide grasp and end range ER/ABD
- Pushups, avoiding humeral abduction beyond frontal plane
- Progress into UE plyometrics, eg. wall taps, chest pass (bilateral)
- PNF D1, D2

Goals for Progression to Next Phase
1. Tolerate high level of strengthening and plyometrics without an increase in symptoms
2. Tolerate/progress single arm strengthening of pec
3. No pain with any strengthening activities

Months 6 – 9
- Discourage 1 repetition max for bench press
- Prepare for return to sport
  - Use of One Arm Hop Test as outcome measure for return to sport is reliable for comparing performance between injured and contralateral uninjured UEs

Goals for Progression to Next Phase
Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport

References


