KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Shoulder Arthroscopy — Debridement & Subacromial Decompression

Arthroscopic debridement, bursectomy, and acromioplasty (no rotator cuff repair)

Because no tendon or labrum was repaired, rehabilitation is accelerated. The sling is for comfort only and is discontinued early. Early full motion is encouraged; strengthening follows once motion and comfort are restored.

General Precautions

- Sling for comfort only — typically discontinued within the first week.
- Advance activity as pain and swelling allow; there are no tissue-protection restrictions.
- Expect some soreness with new activity; sharp or increasing pain means back off.

Phase I — Weeks 0–2

Goals

- Control pain and swelling
- Restore passive and active-assisted motion
- Protect the surgical portals

Precautions / Restrictions

- Wean the sling within the first several days
- No heavy lifting or forceful overhead activity

Exercises & Interventions

- Pendulum (Codman) exercises
- Passive and active-assisted forward flexion and external rotation
- Elbow, wrist, and hand active range of motion
- Scapular setting / postural retraining
- Cryotherapy 20 minutes several times daily

Criteria to Advance

- Pain well controlled
- Passive motion approaching full

Phase II — Weeks 2–4

Goals

- Achieve full active range of motion
- Normalize scapulohumeral rhythm

Precautions / Restrictions

- Avoid painful end-range loading

Exercises & Interventions

- Progress to full active range of motion in all planes
- Sub-maximal rotator cuff isometrics

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- Scapular stabilization (rows, scapular retraction)
- Posterior capsule / cross-body and sleeper stretches as needed

Criteria to Advance

- Full, pain-free active motion
- Normal scapular mechanics

Phase III Weeks 4–8

Goals

- Restore rotator cuff and periscapular strength
- Restore endurance

Exercises & Interventions

- Progressive resistive rotator cuff strengthening with bands (ER/IR, scaption)
- Periscapular strengthening (rows, serratus punches, lower-trapezius work)
- Closed-chain stabilization
- Rhythmic stabilization / proprioception

Criteria to Advance

- Strength ≥80% of the opposite side
- Full pain-free motion maintained

Phase IV Weeks 8–12

Goals

- Return to full work, recreational, and sport activity

Exercises & Interventions

- Advanced strengthening and plyometrics as appropriate
- Sport- or job-specific functional progression
- Overhead athlete: interval throwing / serving program as indicated

Criteria to Advance

- Full painless motion and symmetric strength
- Successful sport-specific testing

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.