

Saint Louis University SSM Health Physical Therapy Orthopedic Residency
in Collaboration with Dr. Scott Kaar and Dr. Christopher Kim

MD appointment for follow-up

Sling or immobilizer at all times¹ except to exercise, and shower/bathe

Home program: perform minimum of 3 times/day: AROM cervical spine, elbow, wrist, hand

Passive ER to 30°

Passive FF in scapular plane to 130°

Discontinue use of sling or immobilizer

Minimal pain and inflammation

Scar mobility, Diaphragmatic breathing, MLD of the UE for edema management²⁻³

PROM

Recommended precautions:

Limit passive ER to 30°, horizontal abduction and extension to neutral⁴⁻⁶

Limit passive FF to the scapular plane

Limit passive IR to the scapular plane

Aerobic conditioning⁷

Scapular retraction⁸

Passive FF to 150°

Passive ER to 60°

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Passive & Active assisted ROM¹⁰

Recommended precautions:

- FF in scapular plane (wall slides⁸ wand exercises, pulleys)¹¹
- ER (gentle beyond 30° to respect subscapularis healing)

FF AROM in supine

Manually resisted scapular side-lying stabilization exercises¹²

Initiate PNF patterning supported such as wall slides¹³

Isometrics:

Deltoid in neutral

ER (modified neutral) ROM < 30°

IR (modified neutral)

Aerobic conditioning including UBE⁷

Axioscapular muscle strength grades 4/5 MMT

Optimal scapulohumeral rhythm to 90° elevation

Minimal pain and inflammation with application of the soreness rules¹⁴ for intensity of exercise

Progress ROM as tolerated¹¹

Uniplanar flexibility exercises into extension and internal rotation

PNF patterning

Recommended precaution: in supine or supported until week 12¹⁵

Isotonic strengthening:

Emphasis on axioscapular muscles (scapular rows¹⁶)

Continued attention to humeral head control and scapulohumeral rhythm with as load progresses

Optimal

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For questions regarding

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