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**Impingement Rehabilitation Program**

**REHABILITATION PROTOCOL**

**Goals:**

1. Education of patient regarding head and shoulder posture.

2. Improve capsular and shoulder mobility.

3. Increase periscapular and shoulder strength and endurance.

4. Resolve shoulder pain.

**Exercises:**

1. ROM and stretching exercises should be performed daily.

2. Strengthening exercises should be performed 3 times a week.

**Rehabilitation Program:**

1. Posture exercises:

a. Shoulder shrugs.

b. Shoulder retraction.

c. Standing lumbar extension.

d. Pectoralis major-minor stretches.

e. Thoracic and cervical mobility exercises.

2. Shoulder and scapular mobility exercises.

a. Manual mobs/STM periscap and glenohumeral joint.

b. ROM exercise: codman’s exercises, AAROM, AROM with cane,

pulley to advance to active ROM in front of a mirror avoiding

abnormal scapular elevation.

3. Flexibility:

a. Anterior shoulder and chest stretching.

b. Posterior shoulder stretching.

c. Cane stretches for shoulder flexion and ER.

d. Thoracic spine posterior/anterior mobility.

4. Strengthening:

a. Scapular stabilization exercises.

1. Lower trap strengthening, Tband low row, chair press ups, prone lower trap exercise, mid row.

2. Serratus anterior strengthening supine press plus, Tband

Dynamic lunge, standing weight punch.

3. Ball or table Y,T and I.

b. Rotator cuff strengthening

1. Tband: internal rotation, external rotation.

2. Isotonic: full can flexion in **plane** of the scapula, side-lying ER and IR.

Flexibility exercises should be performed daily with stretch hold 30 second 3-5 reps.

Strengthening exercises should be performed three days per week, 3 sets of 10 reps with increasing weight or theraband resistance as strength improves.