



Impingement Non-Operative Protocol

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Stage 0

Modalities- pain, inflammation, and joint stiffness

Postural awareness

Check for possible additional pathology which may vary treatment

Secondary Impingement = Instability

Internal Impingement = Labral findings

Frozen Shoulder secondary to impingement

NO ACTIVE FLEXION OR ABDUCTION (to be maintained until stage 2-3)

Assess Scapular movement and dysfunction for impingement qualities

Assess Anterior Shoulder tightness: Stretch pec minor

Stage 1

1. Normalize PROM, Flex and Abd to tolerance
 - Do not force, stretch and mobilize as necessary
2. Passive stretching (capsular stretching)
 - Posterior Capsule
3. Joint mobilization (Inferior primarily –grade 2/3)
 - Be careful of MDI or inferior laxity
4. Pendulum exercises (with or without wt.)
5. Pulley
6. Cane exercises (Normalize range)
 - Flex/Ext
 - Horizontal Abd/Add
 - ER/IR (start at 0 degrees abd)
7. IR/ER at side ONLY (use t-band or weight-isotonics)
8. Scapular Mobilizations
 - Distraction (medial border)
 - Post Tilt
 - Rotation
9. Scapular Exercises/Stabilization: lower trap, middle trap, and serratus anterior ex
 - Work on tilting, reduce wing, and increase proper movement pattern
10. Continue Modalities (reduce inflammation and pain)
11. Wrist and Elbow PRE's

Goals:

Painfree ROM

Reduce muscle atrophy

Decrease pain and inflammation

Scapular control and improved movement patterns before RTC elevation strength

Stage 2

1. AAROM to AROM (if needed start 90/90 and gentle PIR- 4 weeks)
-90/90 start slow if patient has Internal impingement qualities
2. PROM continued as needed to WNL
3. CKC exercise variations
-Horizontal
-Vertical
-Diagonal (done last when tolerable)
4. 4 pt wt./3pt wt. Shifts
5. Continue inferior mob's and Posterior shoulder flexibility
6. Continue wrist and elbow PRE's
7. Continue scapular stabilization exercise
8. Start 4 way T-band and isotonic
9. Initiate UBE 2-4 weeks
10. Initiate trunk exercises
11. Continue modalities as necessary

Stage 3

1. Normalize AROM
2. Initiate FE to 70 degrees light wt. (if RTC involved follow RTC protocol on time frame. If partial RTC tear or debridement be careful as you progress)
3. Continue tubing (punch, pull, ER, and IR)
4. Continue isotonic
-Lat, post delt, and shrugs
5. Initiate PNF as needed
6. Posterior capsule stretch
7. Rhythmic Stabilizations in pain-free available range
8. Continue inferior mob (+ant/posterior mob as indicated)
9. Prone Clock (start below pain range if choose to do earlier)
10. Continue modalities prn
11. Instruct in postural exercises

Goals: Increase muscular strength
Min-0/10 pain
Improve neuromuscular and proprioceptive control (i.e. body blade)

Stage 4

1. PNF continued
2. Initiate 90/90 ex to tolerance
3. Eccentric exercise as needed
4. UE plyometric drills
5. Diagonal patterns with LE reaches
6. Initiate isokinetic training as needed
7. UE endurance exercises
8. Start sport specific and functional activities/exercises
9. Advance HEP

DC goals

1. 0-3/10 pain scale
2. Min-to-0 palpable tenderness on clinical exam
3. AROM 5+ WNL
4. Strength 4 to 4+/5 depending on skill level and ADL's
5. Able to perform overhead ADL's