

Shoulder Impingement Protocol

| Week one | Weeks two to four |
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| Initial Evaluation | Evaluate |
| <ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ Inspect active range of motion for restrictions and muscular imbalances ➤ Inspect for capsular restrictions and laxity ➤ Assess RTW and sport expectations | <ul style="list-style-type: none"> ➤ Active range of Motion ➤ Posture ➤ Scapulothoracic Rhythm ➤ Strength ➤ Compliance with HEP if applicable |
| Patient Education | Patient Education |
| <ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Postural education ➤ Educate patient regarding avoidance or correction of painful movement patterns ➤ Discuss frequency and duration of treatment (2-3x/wk for 4-6 weeks is anticipated) | <ul style="list-style-type: none"> ➤ Continue education regarding correction of abnormal movement patterns and posture |
| Therapeutic Exercise | Therapeutic Exercise |
| <ul style="list-style-type: none"> ➤ Initiate UBE forward or backward for active warm up ➤ Manual or self-stretching to target structures noted during evaluation ➤ Pain free isotonic exercise for periscapular and rotator cuff musculature ➤ Isometrics are indicated for those who cannot perform pain free isotonic ➤ Initiate shallow water periscapular and rotator cuff strengthening while walking. Add progressive resistance if pain free in 0-90 degrees of elevation ➤ Utilize chest deep water for stretching and deep water for prone exercises and cardiovascular component | <ul style="list-style-type: none"> ➤ Add closed chain proprioceptive exercises if indicated ➤ Continue isotonic exercise for periscapular and rotator cuff musculature, progressing to shoulder height and above when indicated and pain free ➤ Continue with stretches as needed ➤ Progress strengthening with increased resistance and speed. Add stabilization exercise including ball toss and kickboard work ➤ Progress resistance with prone exercises in deep water. Add sculling forward and backward. Continue cardiovascular work, add swimming if pain free |
| Manual Techniques | Manual Techniques |
| <ul style="list-style-type: none"> ➤ PROM and joint mobilization as needed | <ul style="list-style-type: none"> ➤ PROM and joint mobilization as needed |
| Modalities | Modalities |
| <ul style="list-style-type: none"> ➤ Any modalities as indicated | <ul style="list-style-type: none"> ➤ Any modalities as indicated |
| Goals | Goals |
| <ul style="list-style-type: none"> ➤ Control pain ➤ Initiate strengthening, typically focusing on lower/middle trapezius, rhomboids, and external rotators ➤ Discourage upper trapezius substitution if applicable | <ul style="list-style-type: none"> ➤ Restore normal AROM in all planes ➤ No pain with ADL's ➤ Independent with proper posture if applicable |

| Weeks four to discharge |
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| Evaluate |
| <ul style="list-style-type: none"> ➤ Posture ➤ Address any deficits that may limit return to work or sport goals ➤ HEP compliance |
| Therapeutic Exercise |
| <ul style="list-style-type: none"> ➤ Sports specific exercises including throwing program if indicated ➤ Encourage participation in the CFA when appropriate ➤ Advance aquatics to include swimming and sport specific activities if pain free and not already completed |
| Manual Techniques |
| <ul style="list-style-type: none"> ➤ Any as indicated |
| <i>Modalities</i> |
| <ul style="list-style-type: none"> ➤ Any as Indicated |
| Goals for Discharge |
| <ul style="list-style-type: none"> ➤ Minimal symptoms ➤ Full AROM with proper Scapulothoracic Rythm ➤ 4+/5 periscapular and rotator cuff strength ➤ Return to work or sport ➤ Independence with HEP |

References

- Reinold MM, Escamilla RF, Wilk KE. Current concepts in the scientific and clinical rationale behind exercises for glenohumeral and scapulothoracic musculature. J Orthop Sports Phys Ther. 2009 Feb;39(2):105-17.
- Abdulla SY¹, Southerst D², Côté P³, Shearer HM⁴, Sutton D⁴, Randhawa K⁴, Varatharajan S⁴, Wong JJ⁵, Yu H⁴, Marchand AA¹, Chrobak K¹, Woitzik E¹, Shergill Y⁶, Ferguson B¹, Stupar M⁴, Nordin M⁷, Jacobs C⁸, Mior S⁹, Carroll LJ¹⁰, van der Velde G¹¹, Taylor-Vaisey A¹². Is exercise effective for the management of subacromial impingement syndrome and other soft tissue injuries of the shoulder? A systematic review by the Ontario Protocol for Traffic Injury Management. Man Ther. 2015 Oct;20(5):646-56. doi: 10.1016/j.math.2015.03.013. Epub 2015 Apr 1.
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