



UNIVERSITY ORTHOPAEDIC CENTER, P.A.
Shoulder Tendinitis/Arthroscopic Acromioplasty
 Dr. Longobardi

<u>GOALS</u>	<u>HOME PROGRAM</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
<p>Decrease pain via proper pain management techniques</p> <p>Increase A/PROM to normal Glenohumeral ROM</p> <p>Restore Scapulothoracic rhythm</p> <p>Good compliance to Home Exercise Program (HEP)</p> <p>Increase strength to 4/5 – 5/5 and normal movement patterns for ADL's, work and sport.</p>	<p>Codman's all planes</p> <p>Educate on avoiding impingement</p> <p>S' flexion via wand, wall climb or pulley w/ emphasis on long duration and low intensity</p> <p>S' abduction w/ wand to 90 degrees only progressing in pain free ROM and avoiding impingement</p> <p>S' ER w/ shoulder at 0, 45 and 90 degrees of abduction using wand. Support humerus w/ pillow for neutral positioning</p> <p>RTC/posterior capsule stretch and towel stretch and progress as pain allows</p> <p>A/AA/PROM PNF patterns (D1F/E, D2F/E) <i>(refer to "Dr Longobardi Shoulder Tendinitis Arthroscopic Acromioplasty Exercises")</i></p> <p>Cervical ROM</p> <p>Scapular stabilization exercises</p> <p>ADL activities as tolerated</p> <p>Posture education</p> <p>Discuss precautions w/ work/sport and criteria for progression</p> <p>Home E-Stim unit for Mm re-education prn</p>	<p>Evaluation:</p> <p>3-5 days post-op</p> <p>Issue HEP</p> <p>Remove dressing and assess site.</p> <p>Educate in home wound care</p> <p>Tendonitis pts may report to PT same day as MD visit/injection for acute care management (RICE)</p> <p>Progress Note submitted w/ pt upon follow up visit to MD (usually every 4 wks)</p> <p>Modalities:</p> <p>HP warm-up prior to exercise until DC</p> <p>E-Stim/US for pain management w/ CP prn</p> <p>E-Stim for Mm re-ed</p> <p>Therapeutic Exercise:</p> <p>Pulley, wall climb, wand: avoid impingement and hiking</p> <p>Mm strengthening via appropriate progression of MRE's, isometrics, light isticns (1-5 lbs, including T-Band) and machines all in pain free ROM.</p> <p>Scapular stabilization including scapular depression.</p> <p>Precautions: avoid impingement, monitor and educate in proper movement patterns and technique of exercise at all times.</p>	<p>2-3x week x 4 weeks w/ emphasis on ROM, pain mgt</p> <p>Progress to 2-3x wk x 4 weeks w/ emphasis on strength, return to normal ADL function w/ work and recreation</p> <p>cont'd...</p>



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<p>This section left blank</p>	<p>This section left blank</p>	<p><u>CLINICAL INTERVENTION</u></p> <p>Discuss w/ MD need for further objective evaluation of strength and more aggressive POC before return to work.</p> <p>Consider need for FCE/Work Conditioning and discuss w/MD</p> <p>Manual Therapy: Restore Glenohumeral arthrokinematics and osteokinematics via appropriate manual techniques.</p>	<p><u>PT Rx</u></p> <p>As above</p>
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