

Shoulder Arthroscopy Debridement Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

PROM limit — Flexion _____°	PROM limit — Abduction _____°	PROM limit — External Rotation _____°
Sling duration (comfort only) _____ days	AROM initiation _____ wks	Strengthening initiation _____ wks
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. Unlike repair protocols, the goal here is to preserve and build on the range of motion achieved intraoperatively — sling is for comfort only and should be weaned quickly. If a concurrent rotator cuff or labral repair requires protection, defer to that protocol instead. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Wk 0–3	Goals - Preserve/build on intraoperative ROM gains - Control pain and swelling to permit early motion - Initiate scapular awareness and cuff activation - Prevent re-formation of adhesions	Precautions - No true PROM/AROM restrictions — motion is encouraged, not limited - Progress by pain and tissue response If concurrent repair requires protection: follow that protocol's precautions instead	Treatment Focus - Begin PROM/AAROM day of or day after surgery, all planes, toward intraoperative ROM - Pendulums, pulley, wand/cane, supine self-assisted elevation — multiple short sessions/day - Sling for comfort only; discontinue as soon as tolerated - Scapular retraction/protraction isometrics; AROM elbow/wrist/hand daily - Submax, pain-free cuff isometrics as tolerated - Diaphragmatic breathing, pelvic tilts, gentle bridging (core groundwork, no UE loading) - Multimodal analgesia/ice PRN to facilitate participation in motion
► Advance to Phase 2 when: wound healed, pain controlled, PROM approaching intraoperative goals without a hard end-feel.			
Phase 2 ~Wks 3–6	Goals - Achieve full active ROM in all planes - Restore scapulohumeral rhythm - Establish rotator cuff and periscapular activation - Introduce core/trunk stabilization	Precautions - Continue to push ROM toward end-range; do not allow a plateau - Monitor diabetics and prior-stiffness patients more closely — higher risk of recurrence	Treatment Focus - Progress AAROM → full AROM all planes; terminal-range/capsular stretching (posterior, inferior, anterior) - Joint mobilizations as indicated - Light isotonic IR/ER and scapular strengthening (band), 2–3 sets x 10–15 - Closed-chain, rhythmic stabilization drills for proprioception - Core stabilization progression: dead bug, bird-dog, bridging, anti-rotation press-outs - Sleeper/cross-body stretch PRN tightness
► Advance to Phase 3 when: full/near-full AROM achieved with good mechanics, cuff and scapular activation pain-free.			

Phase	Goals	Precautions	Treatment Focus
Phase 3 ~Wks 6–12	Goals • Normalize rotator cuff and periscapular strength/endurance • Build trunk/core strength to support upper-extremity function • Restore dynamic stabilization	Precautions • Progress load gradually — emphasize repetitions/endurance over heavy load • Delay heavy overhead/high-demand tasks until mechanics support them	Treatment Focus • Progressive resisted cuff/periscapular strengthening (band/dumbbell), 2–3 sets x 10–15, advancing load • Closed-chain and rhythmic stabilization progression • Core/trunk strengthening: planks, side planks, chops/lifts, carries as tolerated • May begin conventional weight training (machines → free weights) as tolerated • Functional, work-, or sport-specific drill introduction as appropriate
► Advance to Phase 4 when: strength approaching symmetry on clinical exam, full pain-free ROM maintained, no apprehension.			
Phase 4 ~Wks 12+	Goals • Achieve symmetric strength and endurance vs. contralateral side • Complete graduated return to work/sport • Full, pain-free functional ROM with normal mechanics	Precautions • Clearance is criteria-based, not time-based — confirm strength and functional readiness before unrestricted return	Treatment Focus • Advanced/functional strength testing at therapist discretion • Graduated sport-/work-specific drills at progressive speed and load; plyometrics as appropriate • Continue core and periscapular maintenance program • Discharge to independent home program once criteria met
► Full Release (~3 months): pain-free full AROM, strength/endurance symmetric on functional testing, no apprehension, sport-/work-specific demands tolerated, cleared by physician.			

Special Considerations

- Assumes an isolated debridement/LOA/capsular release without a concurrent repair requiring tissue protection; if a rotator cuff or labral repair was performed concurrently, defer to that repair's protocol.
- Early, frequent motion is the priority — accelerated rehab preserves intraoperative ROM without increasing complication risk; most gains occur in the first 1–2 weeks, with continued gains through 24 weeks.
- Use multimodal analgesia (± regional block) to permit full participation in early motion, and monitor diabetics/prior-stiffness patients more closely for recurrence risk.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.