

<b>Phase II (begin after meeting Phase I criteria, usually 6-8 weeks after surgery)</b>	
<b>Rehabilitation appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1 time a week for 1-2 weeks</li> </ul>
<b>Rehabilitation goals</b>	<ul style="list-style-type: none"> <li>• Full AROM</li> <li>• Full rotator cuff strength in neutral position</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Progressive and graduated nature of return to activity</li> </ul>
<b>Range of motion (ROM) exercises</b>	<ul style="list-style-type: none"> <li>• Full elbow ROM</li> <li>• Shoulder AROM</li> <li>• Shoulder passive range of motion (PROM) for flexion or abduction, if needed</li> </ul>
<b>Suggested therapeutic exercise</b>	<ul style="list-style-type: none"> <li>• Scapular stabilization exercises</li> <li>• IR and ER in neutral with Theraband resistance</li> <li>• Gentle bicep and tricep strengthening exercises</li> </ul>
<b>Cardiovascular exercise</b>	<ul style="list-style-type: none"> <li>• Progressive return to cardiovascular fitness. Avoid activities where there is a higher risk for falling our outside forces to the applied arm.</li> </ul>

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<b>Phase III (begin after meeting Phase II criteria, usually 8-12 weeks after surgery)</b>	
<b>Rehabilitation appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1-2 times per week</li> </ul>
<b>Rehabilitation goals</b>	<ul style="list-style-type: none"> <li>• Full AROM in all cardinal planes with normal scapular-humeral movement</li> <li>• 5/5 (full strength) rotator cuff strength at 90° abduction in the scapular plane</li> <li>• 5/5 peri-scapular strength</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• All exercises and activities begin low to medium velocity</li> <li>• Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm</li> <li>• No swimming, throwing or sports</li> </ul>
<b>Suggested therapeutic exercise</b>	<p>Motion</p> <ul style="list-style-type: none"> <li>• Posterior glides if posterior capsule tightness is present</li> </ul> <p>Strength and stabilization</p> <ul style="list-style-type: none"> <li>• Flexion in prone, horizontal abduction in prone, full can extension and D1 and D2 diagnosis in standing</li> <li>• Theraband, cable column and/or dumbbell (light resistance/high repetitions) in IR and ER in 90° of abduction</li> <li>• Scapular stabilization exercises</li> <li>• Balance board in push-up position (with rhythmic stabilization), prone Swiss ball walkouts, rapid alternating movements in supine D2 diagonal and closed kinetic with narrow base of support</li> </ul>
<b>Cardiovascular exercise</b>	<ul style="list-style-type: none"> <li>• Walking, biking, Stairmaster and running (if Phase II criteria is met)</li> <li>• No swimming</li> </ul>
<b>Progression criteria</b>	<ul style="list-style-type: none"> <li>• Full rotator cuff and bicep strength on manual muscle testing</li> </ul>

<b>Phase IV (begin after meeting Phase III criteria, usually 12 weeks after surgery)</b>	
<b>Rehabilitation appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are once every 2-3 weeks</li> </ul>
<b>Rehabilitation goals</b>	<ul style="list-style-type: none"> <li>• 5/5 (full strength) rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane</li> <li>• Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc.)</li> <li>• No apprehension or instability with high velocity overhead movements</li> <li>• Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder</li> <li>• Cardiovascular endurance for specific sport/work demands</li> </ul>
<b>Suggested therapeutic exercise</b>	<p>Motion</p> <ul style="list-style-type: none"> <li>• Posterior glides if posterior capsule tightness is present</li> </ul> <p>Strength and stabilization</p> <ul style="list-style-type: none"> <li>• Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction</li> <li>• Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises</li> <li>• Theraband, cable column and dumbbell in IR and ER in 90° of abduction</li> <li>• Scapular stabilization exercises</li> <li>• Higher velocity strengthening and control, such as inertial, plyometrics and rapid Theraband drills. Plyometrics should start with 2 hands below shoulder height and progress to overhead, then back to shoulder with one hand, progressing again to overhead</li> <li>• Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport</li> </ul>
<b>Cardiovascular exercise</b>	<ul style="list-style-type: none"> <li>• Design to use sport specific energy systems</li> </ul>
<b>Progression criteria</b>	<ul style="list-style-type: none"> <li>• Patient may return to sports after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer</li> </ul>

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<b>Phase V (begin after meeting Phase IV criteria, usually 20 weeks after surgery)</b>	
<b>Rehabilitation appointments</b>	<ul style="list-style-type: none"> <li>Rehabilitation appointments are once every 2-3 weeks</li> </ul>
<b>Rehabilitation goals</b>	<ul style="list-style-type: none"> <li>Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc.)</li> <li>No apprehension or instability with high velocity overhead movements</li> <li>Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder</li> <li>Cardiovascular endurance for specific sport/work demands</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>Progress gradually into sport specific movement patterns</li> </ul>
<b>Suggested therapeutic exercise</b>	<p>Motion</p> <ul style="list-style-type: none"> <li>Posterior glides if posterior capsule tightness is present</li> </ul> <p>Strength and stabilization</p> <ul style="list-style-type: none"> <li>Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction</li> <li>Begin working towards more sport specific activities</li> <li>Theraband, cable column and dumbbell in IR and ER in 90° of abduction</li> <li>Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport</li> <li>High velocity strengthening and dynamic control, such as inertial, plyometrics and rapid Theraband drills.</li> </ul>
<b>Cardiovascular exercise</b>	<ul style="list-style-type: none"> <li>Design to use sport specific energy systems</li> </ul>
<b>Progression criteria</b>	<ul style="list-style-type: none"> <li>Patient may return to sports after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer</li> </ul>