



General Guidelines for Shoulder Arthroscopy without repair (SAD, DCE, debridement)

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**** Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients** if there are any questions don't hesitate to contact, myself or my team**

General Guidelines for Shoulder Arthroscopy without repair (SAD, DCE, debridement)

Range of motion:

- Sling as needed.
- Begin immediate range of motion including scapular range of motion.
- Progress from passive to active-assisted to active motion as tolerated.
- Begin with pendulums, pulleys, and wand/cane exercises.
- Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.

Strengthening:

- Begin strengthening once pain has subsided and the patient is progressing towards symmetric active range of motion, which usually occurs at four weeks post-operatively.
- Begin with isometrics with the arm in adduction and progress to bands/light weights as tolerated.
- Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.
- Do not strengthen the rotator cuff more frequently than three times per week to avoid tendonitis.
- Avoid positions of impingement during strengthening.
- Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.
- Return to most athletics at three months.
- Collision sports at 4.5 months post-operatively.

Please provide a home exercise program once formal therapy is complete

*****If biceps tenodesis is performed*****

Limitations:

- No limits to passive elbow ROM or Active non-weighted elbow flexion
- **No resisted elbow flexion or forearm supination for the first six weeks post-operatively to avoid stressing the biceps tenodesis.**