



## Ultrasound Guided Percutaneous Shoulder Tenotomy

### Phase 1 – Post-Operative Shoulder Care Timeline (0 – 1 weeks)

#### Goals for Phase 1

- Minimize atrophy
- Improve range of motion
- Minimize and reduce pain

#### Criteria for Progression to Phase 2

- Controlled pain
- Perform AROM minimal pain or compensation

#### Other Considerations

- Avoid lifting activities
- Avoid pushing and pulling activities
- Avoid repetitive movement of arm
- Use sling as directed by MD if provided
- May lift up to 1 pound after day 1

#### PROM

- Light wrist, elbow, and shoulder stretching.
- Pendulums
- Table slides
- Wrist flexion and extension stretching
- Elbow flexion and extension stretching

#### AROM

- Wrist and elbow.

#### Manual Therapy

- Pain dominant joint mobilizations (Grade 1).
- No STM with hands or IASTM until 8 weeks Post Op.

#### Strengthening

- Scapular musculature without resistance.
- Scapular squeezes and clocks

#### Modalities

- Ice maybe used for 15 – 20 minutes at time 3 times day.



## Phase 2 – Initial Strengthening (1-2 Weeks)

### Goals for Phase 2

- Full range of motion
- Minimize pain
- Initiate strengthening

### Criteria for Progression to Phase 3

- Range of motion 75% of uninvolved
- Minimal pain
- Able to perform AROM with minimal pain or compensation
- Strength > 3+/5

### Other Considerations

- May lift up to 5#s
- Continue to avoid repeated lifting activities
- Avoid holding weight or lifting overhead

### Brace

- Shoulder sling should be discontinued by this time.

### PROM

- End range stretching.
- Continue passive stretching.

### AROM

- Full Active Range Motion.

### Manual Therapy

- Initiate motion dominant mobilizations as pain allows.

### Strengthening

- Prone scapular series.
  - Scapular AROM – I, T, Y
  - Serratus Presses
- Initiate rotator cuff isometrics.
  - 4 way at wall
  - Theraband step outs

### Proprioception

- Alternating isometrics – initiate at 110° of flexion.
- Prone scapular hold series.

### Modalities

- Ice maybe used for 15 – 20 minutes at time 3 times day or after activity.



## Phase 3 - Strengthening Phase (3-5 weeks)

### Goals for Phase 3

- Improve strength
- Attain full pain free ROM
- Normalize movement patterns

### Criteria for Progression to Phase 4

- Full ROM
- No pain
- No compensation
- Strength > 4/5

### Other Considerations

- Progress strengthening gradually
- Patients should recovery from exercise within 24 – 48 hours if soreness persists intensity and volume should be modified
- Continue to be cautious of repetitious reaching or overhead activities and heavy lifting

### AROM

- Full without restriction.

### Manual Therapy

- Pain and stiffness dominate.

### Strengthening

- Progress isotonic strengthening as tolerated.
  - Flexion, Scaption, Abduction start with 2# and progress as tolerated
  - Rotator cuff strengthening
  - Prone scapular series progress toward resistance
  - Reach roll lift
  - Progress strength toward overhead activities

### Proprioception

- Rhythmic stabilization activities in multiple planes.
- Initiate progression of closed chain exercises as tolerated.
  - Weight shifting on arms
  - Modified plank
  - Bird dogs
  - Modified incline wall push-ups

### Modalities

- Ice maybe used for 15 – 20 minutes at time 3 times day or after activity.



## Phase 4 – Return to Function/Sports Phase (6 – 12+ weeks)

### Goals for Phase 4

- Functional strength
- Progress repetitive and plyometric strength
- Maintain full pain free range of motion
- Increase volume and intensity of activities to prepare for return to work or sport

### Criteria for Return to Work, Function, Sport

- No pain
- Full ROM
- Strength 5/5
- If patient is looking to return to sports patient should complete return sport testing at Aurora BayCare Sports Medicine and meet the tested criteria with <10% side to side difference in all testing

### Other Considerations

- Patient should have a gradual return to activity plan – work with your Therapist and Doctor to develop this plan
- Return to high impact activities is typically  $\geq 12$  weeks based on the recommendations of your care team and individual progression through rehabilitation

### ROM

- Maintain full pain free ROM.

### Manual Therapy

- As needed to maintain motion and facilitate recovery.

### Strengthening

- Functional strengthening program.
- Thrower's Ten.
- Initiate gradual progression of gym program.

### Proprioception

- Multi-angle rhythmic stabilizations.
- Closed chain progressions.
  - Q-ped
  - Modified push-up
  - Modified planks
  - Modified side planks
  - Push-up plus

### Plyometric

- Prone ball flicks.
- Rebounder toss.
- Medicine ball passes.

### Modalities

- Ice as needed for management of soreness.

### Sport related activities

- Initiate throwing or return to sport program when criteria have been met for return to play.



# ORTHOPEDICS & SPORTS MEDICINE

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## **Things to Avoid Before and After your Procedure**

- Ant Anti-inflammatory medicine like ibuprofen (Advil™, Motrin™) and naproxen (Aleve™, Naprosyn™): Avoid 1 week before and 2 weeks after your procedure.
- Alcohol: Avoid 48 hours before your procedure. Do not consume alcohol while you are taking prescription pain medications.
- Tobacco and nicotine: Consider talking to your physician about stopping- these products impair your ability to heal and might reduce the beneficial effects of the procedure.
- Diet: There is no need to fast before your procedure. You may eat normal meals before your procedure and resume your regular diet when you feel able. A well-balanced diet will promote healing. If you are interested in more details, we can arrange a consultation with a dietician.

## **Discomfort**

Some pain after your procedure is expected for the first few weeks. Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily. In some circumstances your care team may prescribe pain medicine. If you are concerned about your pain, please contact your care team.

## **Dressing**

- Remove dressing after 24-48 hours. Replace with simple bandage.
- Keep ACE wrap or compression sleeve on ankle for 2 days. It should be snug, but not tight. If you see swelling in your toes, the compression is too tight.
- Sterile strip bandages can be removed when they begin peeling off or after 7 days. Keep bandages and procedure area clean and dry.

## **Bathing**

Do not soak/submerge shoulder in water for 1 week. Showering is OK.

## **Follow-up Appointment**

You will be scheduled for follow-up appointments approximately 2 weeks and 6 weeks after your procedure. In some circumstances, a care team member may follow-up with you over the telephone or electronically. If you have questions about your appointments, call office during normal clinic hours.

## **When to Call your Provider**

If you notice increasing redness, warmth, pain, fever, drainage from the wound or other problems that concern you, call office during normal clinic hours. Otherwise seek care at your local emergency room.