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Dr. Chad Myeroff's Rehabilitation Protocol

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Shoulder General Conditioning

Three times per day home exercise program including:

- Phase I
 - 4 quadrant stretches using A/AA/PROM
 - Wall climbs, table slides, sleeper stretches
 - Wand exercises: Supine gravity eliminated FF and external rotation. IR behind the back
 - Posture exercises
 - Periscapular isometrics
 - Rhomboid, Latissimus, Deltoid
- Phase II (when full ROM achieved)
 - Progress to rotator cuff and periscapular strengthening
 - Including isometrics and therabands
- Phase III (at therapist's discretion)
 - Progress towards generalized strengthening and core conditioning
 - Return to high level functional ADLs and simulation of work environment

*OK for modalities as indicated including pool therapy, dry needling, acupuncture as long as it does not detract from regaining motion, posture and strength





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Scapular Dyskinesia / Thoracic Outlet / SLAP Tear Non-Operative

Three times per day home exercise program including:

- Phase I
 - 4 quadrant stretches using A/AA/PROM
 - Wall climbs, table slides
 - Wand exercises: Supine gravity eliminated FF and external rotation. IR behind the back, sleeper stretches
 - Pec minor stretches (in doorway)
 - Posture exercises
 - Periscapular isometrics
 - Rhomboid, Latissimus, Deltoid
 - Periscapular proprioception and stabilization
- Phase II (when full ROM achieved)
 - Progress to rotator cuff and periscapular strengthening
 - Including isometrics and therabands
 - Continue to focus on periscapular proprioception and stabilization
- Phase III
 - Progress towards generalized strengthening and core conditioning
 - Return to high level functional ADLs and simulation of work environment

*OK for modalities as indicated including pool therapy, dry needling, acupuncture as long as it does not detract from regaining motion, posture and strength



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Adhesive Capsulitis (Frozen Shoulder) Non-operative

Three times per day gentle self-guided home stretching program including:

- A/AA/PROM TID 4-quadrant gentle static progressive stretches
 - Pulleys, table slides, wall climbs, sleeper stretches, supine wand exercises in all planes
- Posture and rhomboid isometrics

*OK for modalities as indicated including pool therapy, dry needling, massage, acupuncture.

*Patient with true adhesive capsulitis may benefit from intra-articular glenohumeral steroid injections up to 4 times per year if needed. Please contact my office and we will facilitate if indicated.



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Rotator Cuff Tear Non-Operative

Three times per day home exercise program including:

- Phase I
 - 4 quadrant stretches using A/AA/PROM
 - Wall climbs, table slides, sleeper stretches
 - Wand exercises: Supine gravity eliminated FF and external rotation. IR behind the back
 - Posture exercises
 - Periscapular isometrics
 - Rhomboid, Latissimus, Deltoid
- Phase II (when full ROM achieved)
 - Progressive rotator cuff and periscapular strengthening
 - Including isometrics and therabands
- Phase III (at therapist's discretion)
 - Independent home exercise program (lifelong)
 - Progress towards generalized strengthening and core conditioning
 - Return to high level functional ADLs and simulation of work environment

*OK for modalities as indicated including pool therapy, dry needling, acupuncture as long as it does not detract from regaining motion, posture and strength

*Patients limited from participation by overhead pain may occasionally benefit from a steroid injection. Please contact my office and we will facilitate if indicated.

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Rotator Cuff Tear Arthropathy Non-Operative (Reading Protocol)

Three times per day home exercise program including:

Phase 1: Weeks 0-6

- 5 minutes Pendulum Swings
 - Arm should dangle and hips should provide momentum
- Supine gravity eliminated forward elevation
 - Use contralateral hand to assist (PROM) to 90° FE, hold until fatigued
 - Maintain deltoid contraction through holds
 - Once comfortable
 - Progress to gravity eliminated AROM
 - Then progress up to 180° degrees FE arcs as able
 - Smooth and continuous movements for 5 minutes or until fatigued

Phase 2: Weeks 6-12

- 5 minutes Pendulum Swings
- Weighted supine forward elevation arcs 0-180°
 - 90° FE, hold until fatigued
 - Maintain deltoid contraction through holds
 - Once comfortable
 - Progress up to 180° degrees FE arcs as able
 - Smooth and continuous movements for 5 minutes or until fatigued
- Semi-recumbent
 - Once able, advance exercises to semi recumbent position (back up to 45°)
 - Advance similar to phase I
- Upright
 - Once able, advance exercises to fully upright position
- Standing
 - Once able, advance exercises to standing position
- Deltoid concentric contraction
 - Perform anterior deltoid isometric holds pushing up against contralateral arm

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Accelerated Rotator Cuff Repair

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-5 (1st post-operative PT visit scheduled at 1-2 weeks post-operatively)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND TID home exercise program (HEP)
 - Shoulder PROM as tolerated, rhomboid isometrics
 - Pulleys, table slides, supine wand exercises in all planes

Phase 2: Week 5-10

- PROM progressing towards AAROM
- Wean out of sling at 6 weeks (maintain sling use for one more week in public)
 - May begin to use arm for ADLs
- Phase I & II stretches
- No lifting > weight of a coffee cup

Phase 3: Week 10-14

- Add Phase I cuff strengthening, scapular strengthening
- Add biceps and triceps strengthening
- May use arm for ADLs
- No lifting > 5lbs

Phase 4: Week 15-24

- Progressive stretching and strengthening
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting >10 lbs until 18 weeks

*OK for modalities as indicated including pool therapy after 6 weeks

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Standard Rotator Cuff Repair

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND TID home exercise program (HEP)
 - Shoulder PROM, rhomboid isometrics
 - FF 0-130°, ER 0-30°, Abduction 0-60°
 - Pulleys, table slides, supine wand exercises
- No lifting > weight of coffee cup, no shoulder AROM

Phase 2: Week 6-12

- Wean out of sling (maintain sling use for one more week in public)
- Full unrestricted PROM progressing towards AAROM
 - Add wand internal rotation up the back
- May begin to use arm for ADLs avoiding any shoulder AROM
- No lifting > weight of coffee cup

Phase 3: Week 12-18

- Add Phase II stretching
- Initiate AROM
 - At 16 weeks if ROM is full, begin phase I cuff and scapular strengthening
- Light biceps and triceps strengthening
- No lifting > 5lbs

Phase 4: Week 19-24

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting > 10 lbs
 - At 24 weeks unrestricted upper extremity strengthening, WBAT

*OK for modalities as indicated including pool therapy after 6 weeks

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Protected Rotator Cuff Repair

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Scapular retractions (rhomboid isometrics), sling donning and doffing
- No lifting, no shoulder AROM.

Phase 2: Week 6-12

- Wean out of sling (maintain sling use for one more week in public).
- Formal PT AND TID home exercise program (HEP)
- Progressive unrestricted PROM
 - Pulleys, table slides, supine wand exercises in all planes
- At 8 weeks
 - May begin to use arm for ADLs avoiding any shoulder AROM
 - Begin AAROM
- No lifting > weight of coffee cup, no shoulder AROM.

Phase 3: Week 12-18

- Add phase II stretching
- Initiate AROM
 - At 16 weeks, if ROM is full, begin phase I cuff and scapular strengthening
- Light biceps and triceps strengthening
- No lifting > 5 lbs

Phase 4: Week 19-24

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting > 10 lbs
- At 24 weeks unrestricted upper extremity strengthening, WBAT

*OK for modalities as indicated including pool therapy after 6 weeks

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Superior Capsular Reconstruction

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- Week 2: Scapular retractions (rhomboid isometrics), sling donning and doffing
- No lifting, no shoulder AROM.

Phase 2: Week 6-12

- Wean out of sling (maintain sling use for one more week in public).
- Formal PT AND TID home exercise program (HEP)
- Progressive unrestricted PROM
 - Pulleys, table slides, supine wand exercises in all planes
- At 8 weeks
 - May begin to use arm for ADLs avoiding any shoulder AROM
 - Begin AAROM
- No lifting > weight of coffee cup, no shoulder AROM.

Phase 3: Week 12-18

- Add phase II stretching
- Initiate AROM
 - At 16 weeks, if ROM is full, begin phase I cuff and scapular strengthening
- Light biceps and triceps strengthening
- No lifting > 5 lbs

Phase 4: Week 19-24

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting > 10 lbs
 - At 24 weeks unrestricted upper extremity strengthening, WBAT

*OK for modalities as indicated including pool therapy after 6 weeks

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Latissimus or Lower Trapezius Tendon Transfer

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use in max external rotation (except for hygiene, TID finger, wrist, elbow AROM)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Scapular retractions (rhomboid isometrics), sling donning and doffing
- No lifting, no shoulder AROM.

Phase 2: Week 6-12

- Maintain sling use in max external rotation (except for hygiene, TID therapy)
- Formal PT AND TID home exercise program (HEP)
- Progressive PROM
 - Pulleys, table slides, supine wand exercises in all planes
 - Avoid internal rotation past neutral
- At 8 weeks
 - May begin to use arm for ADLs avoiding any shoulder AROM
 - Begin AAROM
- No lifting > weight of coffee cup, no shoulder AROM.

Phase 3: Week 12-18

- Add phase II stretching
 - Advance to unrestricted PROM
- Initiate AROM
 - At 16 weeks, if ROM is full, begin phase I cuff and scapular strengthening
- Light biceps and triceps strengthening
- No lifting > 5 lbs

Phase 4: Week 19-24

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting > 10 lbs
- At 24 weeks unrestricted upper extremity strengthening, WBAT

*OK for modalities as indicated including pool therapy after 6 weeks

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Acromioclavicular (AC) Joint Separation – Non-Operative

Three times per day home exercise program including:

Phase 1: Week 0-2

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Elbow should be supported
- Rhomboid and periscapular isometrics, posture exercises
- No lifting > weight of coffee cup
 - No active shoulder ROM
- No pushing or weight-bearing through arm

Phase 2: Week 2-6

- Wean out of sling for therapy and in the house
 - Continue sling in public and at work
- Continue elbow, wrist and finger motion, periscapular isometrics
- Begin Formal PT AND three times daily (TID) home exercise program (HEP)
 - Shoulder 4 quadrant AA/PROM progressing towards AROM
 - Pulleys, table slides, supine wand exercises in all planes
- No lifting > 5lbs

Phase 3: Week 6-12 (as pain resolves)

- Discontinue sling altogether
- Advance to gentle strengthening
 - Phase I and II rotator cuff strengthening
- Periscapular and complete extremity strengthening
- No Lifting > 10lbs

Phase 4: Week 12-16

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No Restrictions

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Acromioclavicular (AC) Joint Separation – Anatomic Reconstruction

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for TID finger, wrist, elbow AROM, hygiene and therapy)
- Add supine passive ER 0-30° with wand at 2 weeks post op
 - *Focus on static progressive stretching
- Periscapular isometrics in neutral
- No lifting > weight of coffee cup
- No pushing or weight-bearing through arm

Phase 2: Week 6-12

- Wean out of sling for therapy and in the house
 - Continue sling in public for 12 weeks
- Light and pain free biceps/triceps strengthening
- Begin PT
 - Unrestricted shoulder PROM
 - Pulleys, table slides, supine wand exercises in all planes
- Shoulder AAROM at 8 weeks
- No pushing or weight-bearing through arm

Phase 3: Week 12-18 weeks

- Discontinue sling altogether
- Advance to AROM
 - Continue 4 quadrant stretches
- Phase I and II rotator cuff strengthening
- Periscapular strengthening
- No Lifting > 10lbs
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

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Acromioclavicular (AC) Joint Separation – Reconstruction with Hook Plate

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for TID finger, wrist, elbow AROM, hygiene and therapy)
- Unrestricted PROM
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular isometrics in neutral
- No lifting > weight of coffee cup

Phase 2: Week 6-12

- Wean out of sling for therapy and in the house
 - Continue sling in public for 12 weeks
- Light and pain free biceps/triceps strengthening
- Periscapular isometrics
- Advance to unrestricted AAROM
 - Shoulder AROM at 8 weeks
- No lifting > weight of coffee cup

Phase 3: Week 12-18 weeks

- Discontinue sling altogether
- Continue 4 quadrant stretches
- Phase I and II rotator cuff strengthening
- Periscapular strengthening
- No Lifting > 10lbs
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



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Sternoclavicular (SC) Joint – Reconstruction or Repair

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- Add supine passive ER 0-30° with wand at 2 weeks post op
 - *Focus on static progressive stretching
- No overhead lifting
- No lifting > weight of coffee cup
- No pushing or weight-bearing through arm

Phase 2: Week 6-12

- Wean out of sling for therapy and in the house
 - Continue sling in public until 12 weeks post-operative
- Add periscapular isometrics
- Advance to shoulder PROM / AAROM as tolerated in all planes
 - Pulleys, table slides, supine wand exercises in all planes
- no more than a coffee cup overhead, avoid pushing and pulling

Phase 3: Week 12-18 weeks

- Discontinue sling altogether
- Advance to shoulder strengthening
 - Phase I and II rotator cuff strengthening
 - Periscapular strengthening
- No Lifting > 5 lbs
- Independent home exercise program

Phase 4: 18+ weeks

- Return to high level functional ADLs and simulation of work environment
- No return to contact sports prior to 6 months for posterior SC dislocations



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Proximal Biceps Tenodesis (open or arthroscopic)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Wean from sling at 2 weeks
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - Weeks 2-4 Unrestricted shoulder AA/PROM
- 4 weeks: Progress to AROM
- No lifting > weight of coffee cup
- Rhomboid and periscapular isometrics
- Core strengthening for athletes

Phase 2: Week 6-12

- Continue unrestricted A/AAPROM
- Phase 1 cuff, biceps and triceps strengthening once ROM full.
- No lifting > 5 lbs

Phase 3: Week 12-16

- Continue stretching and strengthening as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



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Pectoralis Major Repair

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Begin formal PT AND three times daily (TID) home exercise program (HEP)
 - Posture, rhomboid isometrics
 - Supine gravity eliminated PROM FF 0-90°, ER to neutral°, Abduction 0-60°
- No lifting > weight of coffee cup

Phase 2: Week 6-12

- Wean out of sling (maintain sling use for one more week in public)
- Full unrestricted PROM progressing towards AAROM
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular isometrics
- May begin to use arm for ADLs avoiding any shoulder AROM
- No lifting > weight of coffee cup

Phase 3: Week 12-16

- Advance to AROM
- Add Phase II stretching and phase I cuff strengthening, periscapular strengthening
- Add light biceps and triceps strengthening
- No lifting > 5lbs

Phase 4: Week 16+

- Progressive unrestricted general shoulder strengthening and conditioning
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



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Distal Clavicle Excision (open or arthroscopic)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Wean from sling at 2 weeks
- POD 1: hygiene, finger, wrist, elbow AROM
- POD 7-10 (at 1st therapy visit): Formal PT AND Three time daily (TID) home exercise program (HEP)
 - Add unrestricted shoulder PROM, rhomboid isometrics
 - Progress AAROM → AROM → Phase I and II cuff and periscapular strengthening as able
- OK to use arm for ADLs
- No lifting > weight of coffee cup

Phase 2: Week 6-12

- Progressive generalized upper extremity strengthening, no restrictions
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

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Arthroscopic Debridement and/or Subacromial Decompression

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Wean from sling at 2 weeks
- POD 1: hygiene, finger, wrist, elbow AROM
- POD 7-10 (at 1st therapy visit): Formal PT AND Three times daily (TID) home exercise program (HEP)
 - Add unrestricted shoulder PROM, rhomboid isometrics
 - Progress AAROM → AROM
- OK to use arm for ADLs
- No lifting > 5#

Phase 2: Week 6-12

- Phase I and II cuff and periscapular strengthening as able
- Generalized upper extremity strengthening, progress to activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/impingement/



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Arthroscopic Shoulder Capsular Release, Manipulation Under Anesthesia

Three times per day home exercise program including:

Phase 0: Day of Surgery – Post-op day 2

- Patient will have long acting shoulder block
 - Should have formal therapy visit pre-arranged day of and day after surgery:
 - Immediately following surgery PACU recovery (POD#0)
 - 1st appointment the following morning (POD#1)
- PROM with therapist assist as long as block is functional
- Maintain sling use outside of therapy

Phase 1: Day 2 – week 6

- Wean out of sling after block wears off
- Formal PT AND Three times daily (TID) home exercise program (HEP)
- Unrestricted PROM and AROM via TID formal PT AND home exercise program
 - Pulleys, table slides, wall climbs, sleeper stretches, supine wand exercises in all planes
- Scapular stabilization, rhomboid and lower trapezius strengthening
- Use arm for ADLs

Phase 2: Week 6-12

- Add rotator cuff, and periscapular strengthening once ROM is full
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info:

twincitiesshoulderandelbow.com/frozenshoulder/

twincitiesshoulderandelbow.com/shoulderstiffness/

twincitiesshoulderandelbow.com/patienteducationdocuments/



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Anterior Shoulder Dislocation (Anterior Bankart) Non-Operative

Three times per day home exercise program including:

Phase 1: Week 0-2

- Sling as needed (except for hygiene, TID finger, wrist, elbow AROM and therapy)
- Deltoid and periscapular isometrics, posture control

Phase 2: Week 2-6

- Wean from sling (for comfort only)
- A/AROM and gentle PROM 4-quadrant stretches
 - Pulleys, table slides, supine wand exercises in all planes
 - Avoid the position of apprehension (90-90) position
- Periscapular isometrics and strengthening, scapular stabilization and proprioception
- Phase I and II rotator cuff strengthening
- Biceps and triceps, total arm strengthening
- Core conditioning

Phase 2: Week 6-12

- Advance to unrestricted A/AA/PROM
- Unrestricted UE and total body strengthening and conditioning
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/shoulderdislocation/



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Posterior Shoulder Dislocation (Posterior Bankart) Non-operative

Three times per day home exercise program including:

Phase 1: Week 0-2

- Gunslinger (external rotation) sling full time
- TID finger ROM
- Infrapinatus, Deltoid, periscapular isometrics, posture

Phase 2: Week 2-6

- Gunslinger (external rotation) sling full time
 - OK to remove for hygiene and TID elbow wrist finger AROM

Phase 3: Week 6-12

- Gunslinger (external rotation) sling full time except for hygiene and TID therapy
- A/AAROM and gentle PROM
 - Upright pulleys, table slides, supine wand exercises in all planes
 - Avoid internal rotation past neutral
- Periscapular isometrics and strengthening, scapular stabilization and proprioception
- Phase I cuff strengthening
- Biceps and triceps, total arm strengthening
- Core conditioning

Phase 3: Week 12-16

- Advance to unrestricted A/AA/PROM
- Phase II cuff strengthening
- Unrestricted UE and total body strengthening and conditioning
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/shoulderdislocation/

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Arthroscopic Anterior Bankart Repair (or SLAP)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three time daily (TID) home exercise program (HEP)
 - Passive ER 0-30 supine wand with elbow at the side
 - Passive FF 0-140 (OK to table slides, pulleys, supine wand exercises)
 - Avoid 90-90 position of apprehension
 - Periscapular isometrics
- Core strengthening
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Wean out of sling (maintain for one more week in public)
- PROM 4-quadrant stretches
 - No restrictions other than avoiding the 90-90 position of apprehension
 - Phase I and II stretches
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular strengthening, isometrics, stabilization and proprioception
- Phase I cuff strengthening
- Light biceps and triceps strengthening
- No lifting > 5 lbs

Phase 3: Week 12-16

- Once ROM is full, begin phase II Cuff and total arm strengthening

Phase 4: Week 16-18

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/shoulderdislocation/

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Arthroscopic Posterior Bankart Repair

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - Passive ER 0-30 supine wand with elbow at the side
 - Passive FF 0-140 (OK to table slides, pulleys, upright wand exercises)
 - Periscapular and infraspinatus isometrics
- Core strengthening
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Wean out of sling (maintain for one more week in public)
- PROM 4-quadrant stretches, unrestricted
 - Phase I and II stretches
 - Pulleys, table slides, upright wand exercises in all planes
- Periscapular strengthening, isometrics, stabilization and proprioception
- Phase I cuff strengthening
- Light biceps and triceps strengthening
- No lifting > 5 lbs
 - No pushing or bike riding until 12 weeks post op

Phase 3: Week 12-16

- Once ROM is full, begin phase II Cuff and total arm strengthening
- No pushups until 3-4 month's post op

Phase 4: Week 16-18

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/shoulderdislocation/



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Open Anterior Bankart Repair (subscap protection)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - AAROM ER to neutral (within confines of pain)
 - Passive FF 0-140 (OK to table slides, pulleys, supine wand exercises)
 - Avoid 90-90 position of apprehension
 - Periscapular isometrics
- Core strengthening
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Wean out of sling (maintain for one more week in public)
- PROM 4-quadrant stretches
 - ER 0-30 (within confines of pain)
 - Avoid the 90-90 position of apprehension
 - Phase I and II stretches
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular strengthening, isometrics, stabilization and proprioception
- Light biceps and triceps strengthening
- No lifting > weight of a coffee cup

Phase 3: Week 12-16

- Advance to unrestricted A/AA/PROM
- Once ROM is full, begin phase I and II Cuff and total arm strengthening
- No lifting >5 lbs

Phase 4: Week 16-18

- Total arm strengthening, no restrictions
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/shoulderdislocation/

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Open Reduction and Internal Fixation Anterior Glenoid (Subscap Split)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM ER 0-30° with elbow at the side, FF 0-130°
 - Table slides, pulleys, supine wand exercises
 - Periscapular isometrics
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Wean out of sling (except for in public)
- A/AA/PROM 4-quadrant stretches avoiding the position of apprehension
 - Unrestricted phase I and II stretches
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular isometrics, stabilization and proprioception
- Biceps, triceps isometric strengthening
- No lifting greater than a coffee cup

Phase 3: Week 12-16

- Begin phase I cuff strengthening once ROM is full
 - Add total arm strengthening
- No lifting > 5 lbs

Phase 4: Week 16-18

- Unrestricted strengthening
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: <http://twincitiesshoulderandelbow.com/glenoid/>



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Open Posterior Shoulder Fracture-Dislocation Repair (Modified McLaughlin)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Gunslinger (ER) sling (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - Active assist ER 0-20 (within confines of discomfort)
 - Passive FF 0-140 (OK to table slides, pulleys, upright wand exercises)
 - No IR past neutral
 - Periscapular and infraspinatus isometrics
- Core strengthening
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Continue gunslinger sling in 0-20 or external rotation
- AA/PROM 4-quadrant stretches
 - ER 0-30 (within confines of pain)
 - Phase I and II stretches
 - Pulleys, table slides, supine wand exercises
 - Avoid IR past neutral
- No lifting > weight of a coffee cup
 - No pushing or bike riding until 12 weeks post op

Phase 3: Week 12-16

- Wean from sling
- Advance to unrestricted A/AA/PROM
- Once ROM is full, begin phase I and II Cuff and total arm strengthening
- Periscapular strengthening, isometrics, stabilization and proprioception
- No lifting >5 lbs
 - No bench press or pushups until 4 months

Phase 4: Week 16-18

- Total arm strengthening, no restrictions
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/shoulderdislocation/

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Latarjet Procedure (Coracoid Transfer)

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM ER 0-30° with elbow at the side, FF 0-130°
 - Table slides, pulleys, supine wand exercises
 - Periscapular isometrics
- Core strengthening
- No lifting greater than a coffee cup

Phase 2: Week 6-12

- Wean out of sling (maintain for one more week in public)
- A/AA/PROM 4-quadrant stretches avoiding the position of apprehension
 - Unrestricted phase I and II stretches
 - Pulleys, table slides, supine wand exercises in all planes
- Periscapular isometrics, stabilization and proprioception
- Begin phase I cuff strengthening once ROM is full
- Biceps, triceps, deltoid strengthening
- No lifting > 5 lbs

Phase 3: Week 12-16

- Add total arm strengthening

Phase 4: Week 16-18

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/shoulderdislocation/



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Anatomic Total Shoulder Arthroplasty / Hemiarthroplasty

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM: ER 0-30° (subscap protection) with elbow at the side, FF 0-140°
 - Overhead pulleys, table slides, supine wand exercises
 - Periscapular isometrics
- No lifting > weight of coffee cup

Phase 2: Week 6-12

- Wean from sling except when in public
- Advance to unrestricted PROM → AAROM
 - Overhead pulleys, table slides, wall climbs, supine wand exercises
- ER (infraspinatus), rhomboid, deltoid, lat isometrics
- Begin to use arm for ADLs avoiding shoulder AROM
- No lifting > weight of coffee cup
- No active IR (subscap protection)

Phase 3: Week 12-18

- Unrestricted AROM
- Phase I cuff strengthening → total arm strengthening once ROM is full
- Periscapular strengthening
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- Activities as tolerated
 - Avoid repetitive heavy lifting, bench press, military press, pushups

*OK for modalities as indicated including pool therapy after 6 weeks

More info: www.twincitiesshoulderandelbow.com/shoulderarthritis/

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Reverse Total Shoulder Arthroplasty

Three times per day home exercise program including:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Sling for comfort only (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - Unrestricted AA/PROM
 - Overhead pulleys, table slides, supine wand exercises
 - Deltoid, rhomboid, lat, external rotation isometrics
- No lifting > weight of a coffee cup

Phase 2: Week 6-12

- Wean from sling
- Advance to AAROM → AROM as pain allows
- Overhead pulleys, table slides, wall climbs, supine wand exercises
- Continue isometrics
- Begin to use arm for ADLs
- Activities as tolerated

Phase 3: Week 12-18

- Cuff and periscapular strengthening → total arm strengthening once ROM is full
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- Activities as tolerated
 - Avoid repetitive heavy lifting, bench press, military press, pushups
 - Avoid pushing out of a chair

*OK for modalities as indicated including pool therapy after 6 weeks

More info: twincitiesshoulderandelbow.com/rotatorcuffteararthropathy/

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Proximal Humerus Fracture – Non-operative

Three times per day home exercise program including:

Phase 1: Week 0-4 (starting immediately)

- Maintain sling use, keep elbow supported, no shoulder ROM, avoid firing shoulder muscles
- OK to come out of sling for:
 - hygiene (ok for axillary hangs, no pendulum swings or Codman's)
 - TID finger, wrist, elbow AROM
- No lifting > weight of a coffee cup

Phase 2: Appx Week 4-8

***Initiation will be based in initial signs of fracture callous healing**

- Continue sling except for TID therapy
- Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM 4 quadrant stretches as pain allows
 - Overhead pulleys, table slides, supine wand exercises
 - Posture and rhomboid isometrics
- No lifting > weight of a coffee cup

Phase 3: Appx Week 8-12

***Initiation based on complete fracture healing**

- Wean from sling except in public
- Advance to AAROM then AROM as pain allows
- No lifting > 5#

Phase 4: Week 12-16

- Continue aggressive TID HEP shoulder A/AA/PROM
- Cuff and periscapular strengthening → total arm strengthening, core strengthening
 - Initiate once ROM has plateaued
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/proximalhumerus/

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Proximal Humerus Fracture – Operative Fixation

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled within 7-10 days of surgery)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM 4 quadrant stretches as pain allows
 - Overhead pulleys, table slides, supine wand exercises
 - Posture and rhomboid isometrics
- No lifting > weight of a coffee cup
- No AROM

Phase 2: Week 6-12

- Wean from sling except in public
- Continue progressive unrestricted PROM 4 quadrant stretches
 - Posture and rhomboid isometrics
- Advance to AAROM → AROM as pain allows
- Deltoid, rhomboid, lat, ER isometrics
- No lifting > 2#

Phase 3: Week 12-16

- Cuff and periscapular strengthening → total arm strengthening, core strengthening
 - Once ROM maximized
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No restrictions

More info: twincitiesshoulderandelbow.com/proximalhumerus/

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Greater Tuberosity Fracture – Operative Fixation

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled within 7-10 days of surgery)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-10: Formal PT AND TID home exercise program (HEP)
 - Shoulder PROM, rhomboid isometrics
 - FF 0-130°, ER 0-30°, Abduction 0-60°
 - Pulleys, table slides, supine wand exercises
- No lifting > weight of coffee cup, no shoulder AROM

Phase 2: Week 6-12

- Wean out of sling (maintain sling use for one more week in public)
- Full unrestricted PROM progressing towards AAROM
 - Add wand internal rotation up the back
- May begin to use arm for ADLs avoiding any shoulder AROM
- No lifting > weight of coffee cup

Phase 3: Week 12-18

- Add Phase II stretching
- Initiate AROM
 - At 16 weeks if ROM is full, begin phase I cuff and scapular strengthening
- Light biceps and triceps strengthening
- No lifting > 5lbs

Phase 4: Week 19-24

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- No lifting > 10 lbs
 - At 24 weeks unrestricted upper extremity strengthening, WBAT

*OK for modalities as indicated including pool therapy after 6 weeks

More info: twincitiesshoulderandelbow.com/proximalhumerus/



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Proximal Humerus Fracture – Reverse Shoulder Arthroplasty

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st post-op PT visit should immediately follow 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- POD 7-14: Formal PT AND three times daily (TID) home exercise program (HEP)
 - PROM: ER with elbow at the side, FF 0-140°
 - Overhead pulleys, table slides, supine wand exercises
 - Periscapular isometrics

Phase 2: Week 6-12

- Wean from sling except when in public
- Advance to AAROM as pain allows
- Overhead pulleys, table slides, wall climbs, supine wand exercises
- Deltoid, rhomboid, lat, ER isometrics
- Begin to use arm for ADLs

Phase 3: Week 12-18

- Advance to AROM
- Cuff and periscapular strengthening → total arm strengthening
 - Once ROM maximized
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- Activities as tolerated
 - Avoid repetitive heavy lifting
 - No bench press, military press, pushups
 - Avoid pushing out of a chair



More info: twincitiesshoulderandelbow.com/proximalhumerus/



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Clavicle Fracture – Non-Operative

Three times per day home exercise program including:

Phase 1: Week 0-4 (early fracture healing)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Elbow should be supported
- Rhomboid and periscapular isometrics, posture exercises
- No lifting > weight of coffee cup
 - No active shoulder ROM
- No pushing or weight-bearing through arm

Phase 2: Week 4-8

- Wean out of sling for therapy and in the house
 - Continue sling in public for 12 weeks
- Continue elbow, wrist and finger motion, periscapular isometrics
- Begin Formal PT AND three times daily (TID) home exercise program (HEP)
 - Shoulder 4 quadrant PROM progressing towards AAROM
 - Pulleys, table slides, supine wand exercises in all planes
- No lifting > weight of coffee cup

Phase 3: Week 8-12 (following clinical fracture healing)

- Discontinue sling altogether
- Advance to AROM
 - Continue 4 quadrant stretches, periscapular isometrics, posture
- Phase I and II rotator cuff strengthening
- Periscapular and complete extremity strengthening
- No Lifting > 10lbs

Phase 4: Week 12-16

- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/clavicle/

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Clavicle Fracture – ORIF

Three times per day home exercise program including:

Phase 1: Week 0-2 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
- Rhomboid and periscapular isometrics, posture exercises
- No lifting > weight of coffee cup
 - No active shoulder ROM
- No pushing or weight-bearing through arm

Phase 2: Week 2-6

- Use sling only as needed
- Continue elbow, wrist and finger motion, periscapular isometrics
- Begin Formal PT AND three times daily (TID) home exercise program (HEP)
 - Shoulder 4 quadrant PROM, AAROM, AROM
 - Pulleys, table slides, supine wand exercises in all planes
- No lifting > weight of coffee cup

Phase 3: Week 6-12 weeks (following clinical fracture healing)

- Discontinue sling altogether
- Phase I and II rotator cuff strengthening
- Periscapular, complete extremity, core strengthening
- Activities as tolerated (if there are signs of bony healing)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/clavicle/



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Distal Clavicle Fracture – ORIF

Three times per day home exercise program including:

Phase 1: Week 0-6 (1st PT visit scheduled to follow on day of 2-week post-op surgical visit)

- Maintain sling use (except for TID finger, wrist, elbow AA/AROM, hygiene and therapy)
- Add supine passive ER 0-30°, FF 0-140°, gentle IR up the back with wand at 2 weeks post op
 - *Focus on static progressive stretching
- Periscapular isometrics in neutral
- No lifting > weight of coffee cup
- No pushing or weight-bearing through arm

Phase 2: Week 6-12

- Wean out of sling for therapy and in the house
 - Continue sling in public / work for 12 weeks
- Light and pain free biceps/triceps strengthening
- Unrestricted shoulder AA/PROM
 - Pulleys, table slides, supine wand exercises in all planes
- No lifting 5# at side of 1# overhead

Phase 3: Week 12-18 weeks

- Discontinue sling altogether
- Advance to AROM
 - Continue 4 quadrant stretches
- Phase I and II rotator cuff strengthening once ROM full
- Periscapular strengthening
- No Lifting restrictions once fracture is healed
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/clavicle/



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Rib Fracture / Chest Wall – ORIF

Three times per day home exercise program including:

Phase 1: Week 0-6

- Posture and periscapular isometrics
- Incentive spirometry every hour
- Preference for upright or seated posture as able
- Should ambulate at least TID
- Weight bearing as tolerated for transfers and mobilization
 - No lifting > weight of coffee cup overhead
 - Avoid excessive bending and twisting

Phase 2: Week 6-12 weeks

- Add upper extremity and core conditioning
- Lift no more than 5# overhead

Phase 3: 12-18 weeks

- Activities as tolerated without restrictions
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/ribfractures/



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Scapula Body Fracture – Non-operative

Three times per day home exercise program including:

Phase 1: Week 0-2

- Maintain sling use (except for hygiene, TID finger, wrist, elbow AROM and therapy)
 - OK for axillary cares (hangs) but no pendulum swings / Codman's.
 - Elbow should be supported
- No lifting > weight of coffee cup
 - No active shoulder ROM
- Begin TID HEP for elbow wrist finger ROM

Phase 2: Week 2-6

- Use sling except with hygiene and TID therapy
- Continue elbow, wrist and finger motion
- Begin Formal PT AND three times daily (TID) home exercise program (HEP)
 - Shoulder 4 quadrant PROM, AAROM
 - Pulleys, table slides, supine wand exercises in all planes
- No lifting > weight of coffee cup

Phase 3: Week 6-12 weeks (following clinical fracture healing)

- Wean from sling
- Add shoulder AROM, continue PROM, AAROM
- Rhomboid and periscapular isometrics, posture exercises
- Phase I and II rotator cuff strengthening when ROM is full and painless and fracture is healed
- Periscapular, complete extremity, core strengthening
- Activities as tolerated (if there are signs of bony healing)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/scapula/



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Scapula Body Fracture – ORIF

Three times per day home exercise program including:

Phase 1: Week 0-6

- Sling as needed for comfort
- No lifting > weight of coffee cup
- Begin formal PT and TID HEP
 - Elbow wrist finger ROM
 - Shoulder 4 quadrant PROM, AAROM
 - Pulleys, table slides, supine wand exercises in all planes
- Rhomboid and periscapular isometrics, posture exercises

Phase 2: Week 6-12 weeks

- Wean from sling
- Add shoulder AROM, continue PROM, AAROM
- Phase I cuff strengthening when ROM is full and painless and fracture is healed
- Periscapular, complete extremity, core strengthening
- Lift no more than 5# overhead

Phase 3: 12-18 weeks

- Phase 2 cuff strengthening once ROM is full
- Activities as tolerated without restrictions
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/scapula/



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Humeral Shaft Fracture – Non-Operative

Three times per day home exercise program including:

Phase 1: Week 0-2 (to start immediately after initiation of Sarmiento bracing)

- No lifting > weight of coffee cup
- Upright posture at all times, maintain sling use or collar and cuff as needed
 - Elbow should be unsupported as much as possible
- Swelling control (with stocking)
- TID HEP: elbow, wrist, finger A/AAROM. No shoulder ROM
 - Biceps and triceps isometrics

Phase 2: Week 2-6

- No lifting > weight of coffee cup
- Wean from sling to allow gravity to align the arm (OK for collar and cuff), continue upright posture
- BID tightening of fracture brace
- daily hygiene and skin checks in pendulum position
- Continue TID HEP: A/AAROM elbow, wrist and finger motion, biceps and triceps isometrics
- Start shoulder periscapular isometrics / shoulder posture
 - No shoulder ROM other than pendulums for hygiene

Phase 3: Week 6-12 weeks (following clinical fracture healing)

- No lifting > 5# at the side, or coffee cup overhead
- Add TID HEP shoulder 4 quadrant AAROM as tolerated with brace on unless pain free
 - Pulleys, table slides, wall climbs, supine wand exercises in all planes

Phase 4: Appx Week 10-14 weeks (following clinical fracture healing)

- Add shoulder AROM, PROM as tolerated
- Generalized UE strengthening
- Activities as tolerated (if bony healing complete)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/humeralshaft/



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Humeral Shaft Fracture – ORIF

Three times per day home exercise program including:

Phase 1: Week 0-6

- Sling as needed for comfort, wean as able
- Elbow, wrist, finger A/AA/PROM
- Shoulder 4-quadrant AAROM
 - OK for wall climbs, table slides, pulleys, supine wand exercises all planes
- Rhomboid and periscapular isometrics, posture exercises
- Weight bear as tolerated for ambulation
 - No lifting > coffee cup overhead

Phase 2: Week 6-12 weeks (following clinical fracture healing)

- Discontinue sling altogether
- Phase I and II rotator cuff strengthening as tolerated
- Periscapular, complete extremity, core strengthening
- No lifting >5# overhead

Phase 3: Week 12-16

- Activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/humeralshaft/



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Distal Humerus Fracture – ORIF

Three times per day home exercise program:

Goal: Avoid fracture displacement but obtain max ROM by 3 months post-operatively

Phase 1: Week 0-6

- Sling as needed for comfort
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm pronation / supination A/AA/PROM
- TID elbow motion
 - If olecranon osteotomy: A/AAROM flexion, P/AAROM gravity assisted extension
 - If NO olecranon osteotomy: Active, Active assist, gentle PROM flexion and extension
- Avoid varus force at the elbow
 - Keep elbow tucked at the side for all activities
 - Avoid holding the elbow out and away from the body (abduction at the shoulder)
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Discontinue sling altogether
- Advance to more aggressive elbow AAROM, PROM static progressive stretches (no restrictions)
 - Static progressive splinting if needed
- Add 4 quadrant shoulder A/AA/PROM as tolerated
- No lifting >5# at the side or >coffee cup overhead

Phase 3: Week 12-24 weeks

- Activities as tolerated
- Generalized unrestricted strengthening
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/distalhumerus/

***If ROM is not full (or at least 30-130°) by 3 months post-operative, the patient may benefit from manipulation under anesthesia. If this is a risk for not meeting this goal please contact Dr. Myeroff's office, consider dynamic progressive splinting, and educate the patient on the importance of urgent gains.**

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Medial Epicondyle Fracture – Non-Operative

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Edema control:
 - Compressive stocking, Elevate above heart on pillows while supine
 - Icing 20min per hour
 - TID finger ROM
- Precautions
 - No lifting >coffee cup
 - Long arm split 0-2 weeks.
 - Transition into removable wrist brace by 2 weeks

Phase 2: 2-6 weeks

- Generalized flexor-pronator, mobile wad, wrist stretching
- TID: AA/PROM elbow, wrist. A/AA/PROM fingers
- Precautions
 - No lifting >coffee cup
 - Removable wrist brace full time except for TID ROM exercises and hygiene. (flexor-pronator protection)

Phase 3: 6-12 weeks

- Advance to unrestricted A/AA/PROM flexor-pronator, mobile wad, wrist stretching
 - Begin gentle strengthening after fracture healing (8 weeks)
- Eval and treat with additional modalities as indicated
 - OK for putty, desensitization
- Precautions
 - NO resisted wrist flexion or pronation >2#
 - avoid functional valgus (throwing / racquet sport) until fracture healing appx 8 wks
 - Wean from wrist brace, except for work and dangerous activities

Phase 4: 12-18 weeks

- Generalized strengthening, Activities as tolerated
- Independent home exercise program, unrestricted strengthening
 - Begin return to throwing program for throwers
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/distalhumerus/

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Medial Epicondyle Fracture – ORIF

Three times per day home exercise program:

Phase 1: 0-6 weeks

- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
 - Icing 20min per hour
- A/AA/PROM elbow, wrist fingers TID
- Precautions
 - No lifting >coffee cup
 - NO resisted wrist flexion or pronation, avoid functional valgus (throwing / racquet sport)
 - Use wrist brace full time except for ROM exercises and hygiene. (flexor-pronator protection)

Phase 2: 6-12 weeks

- Generalized flexor-pronator, mobile wad, wrist stretching
 - Begin gentle strengthening after fracture healing (6-8 weeks)
- Eval and treat with additional modalities as indicated
 - OK for putty, desensitization
- Precautions
 - No lifting >5#
 - NO resisted wrist flexion or pronation >2#
 - avoid functional valgus (throwing / racquet sport) until fracture healing appx 8 wks
 - Wean from wrist brace
 - Except for work and dangerous activities

Phase 2: 12-18 weeks

- Generalized strengthening, Activities as tolerated
- Independent home exercise program, unrestricted strengthening
 - Begin return to throwing program for throwers
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/distalhumerus/

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Olecranon Fracture – Non-Operative

Three times per day home exercise program:

Goal: Avoid fracture displacement but obtain max ROM by 3 months post-operatively

Phase 1: Week 0-2

- Long arm splint in 45-60° of extension
- Sling full time except for TID finger range of motion, axillary cares, pendulum hangs
- Edema control: Elevate above heart on pillows while supine

Phase 2: Week 2-6

- Sling as needed for comfort
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm (pronation / supination) A/AA/PROM
- TID elbow motion
 - A/AAROM elbow flexion, P/AAROM gravity assisted elbow extension (triceps protection)
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- No lifting > coffee cup. No elbow extension against resistance (pushing)

Phase 3: Week 6-12 weeks

- Wean from sling
- Add elbow AAROM
- Add biceps and triceps isometrics
- No elbow extension against resistance (pushing)

Phase 4: Week 12+

- Advance to more aggressive elbow A/AA/PROM
- Add 4 quadrant shoulder A/AA/PROM as needed
- Strengthening as tolerated, Activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/olecranon/

***If ROM is not full (or at least 30-130°) by 3 months post-operative, the patient may benefit from manipulation under anesthesia. If this is a risk for not meeting this goal please contact Dr. Myeroff's office, consider dynamic progressive splinting, and educate the patient on the importance of urgent gains.**

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Olecranon Fracture – ORIF

Three times per day home exercise program:

Goal: Avoid fracture displacement but obtain max ROM by 3 months post-operatively

Phase 1: Week 0-6

- Sling as needed for comfort
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm (pronation / supination) A/AA/PROM
- TID elbow motion
 - A/AAROM elbow flexion, P/AAROM gravity assisted elbow extension
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- No lifting > coffee cup
- No elbow extension against resistance (pushing)

Phase 2: Week 6-12 weeks

- Discontinue sling altogether
- Advance to more aggressive elbow A/AA/PROM
- Add 4 quadrant shoulder A/AA/PROM as needed
- No lifting >5# at the side or >coffee cup overhead

Phase 3: Week 12-16 weeks

- Activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



More info: twincitiesshoulderandelbow.com/olecranon/

***If ROM is not full (or at least 30-130°) by 3 months post-operative, the patient may benefit from manipulation under anesthesia. If this is a risk for not meeting this goal please contact Dr. Myeroff's office, consider dynamic progressive splinting, and educate the patient on the importance of urgent gains.**



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Radial Head Fracture – Non-operative

Three times per day home exercise program:

Goal: obtain full motion while protecting the bones and ligaments while they heal

Phase 1: Week 0-6

- Sling for 0-2 weeks
 - *No splint recommended
 - OK to use sling up to 6 weeks sparingly at work or in dangerous situations only
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm elbow A/AA/PROM with the elbow tucked at the side:
 - Elbow Flexion
 - Extension (with the forearm in pronation)
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid, periscapular, biceps/triceps isometrics, posture exercises, pendulum hangs
- No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling entirely
- Add 4 quadrant shoulder A/AA/PROM as needed
- Static progressive splinting OK if needed once fracture healed

Phase 3: Week 12-16 weeks

- Generalized strengthening. Activities as tolerated (if ROM adequate and healed)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/radialhead/



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Radial Head Fracture – Operative (ORIF / Arthroplasty)

Three times per day home exercise program:

Goal: obtain full motion while protecting the bones and ligaments while they heal

Phase 1: Week 0-6

- Sling x 6 weeks except for hygiene and TID therapy
 - Post-operative splint with forearm in 60°supination x 0-2 weeks
 - Followed by OT custom night splint only (90°flexion, 60° supination)
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist ROM
- TID elbow A/AA/gentle PROM with the elbow tucked at the side:
 - Flexion
 - Extension (with the forearm in pronation)
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- LUCL Protection Precautions
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - Avoid supination while elbow is in extension
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling and night splint
- Add 4 quadrant shoulder A/AA/PROM as needed
- Advance aggression on TID elbow wrist finger A/AA/PROM (focusing on supination at 90°)
 - Static progressive splinting OK if needed
- Continue above precautions

Phase 3: Week 12-16 weeks

- Add generalized strengthening. Activities as tolerated (if ROM adequate and healed)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/radialhead/

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Terrible Triad Fracture Dislocation – ORIF

Three times per day home exercise program:

Goal: obtain full motion while protecting the lateral elbow ligament while it heals

Phase 1: Week 0-6

- Sling x 6 weeks except for hygiene and TID therapy
 - Post-operative splint with forearm in 60°supination x 0-2 weeks
 - Followed by OT custom night splint (90°flexion, 60° supination)
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist ROM
- TID elbow A/AA/gentle PROM with the elbow tucked at the side:
 - Flexion
 - Extension (with the forearm in pronation)
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- LUCL Protection Precautions
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - Avoid supination while elbow is in extension
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling and night splint
- Add 4 quadrant shoulder A/AA/PROM as needed
- Advance aggression on TID elbow wrist finger A/AA/PROM (focusing on supination at 90°)
 - Static progressive splinting OK if needed
- Continue above precautions

Phase 3: Week 12-16 weeks

- Add generalized strengthening. Activities as tolerated (if ROM adequate and healed)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/terribletriad/

twincitiesshoulderandelbow.com/patienteducationdocuments/



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Coronoid (isolated anteromedial facet) Fracture Dislocation – ORIF

**Three times per day home exercise program:
Goal: obtain full motion while protecting fracture**

Phase 1: Week 0-6

- Sling x 6 weeks except for hygiene and TID therapy
 - Post-operative splint with forearm in 60°supination x 0-2 weeks
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist ROM
- TID elbow and forearm A/AA/gentle PROM with the elbow tucked at the side:
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- Anteromedial Facet coronoid Protection Precautions
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling and night splint
- Add 4 quadrant shoulder A/AA/PROM as needed
- Advance aggression on TID elbow wrist finger A/AA/PROM (focusing on supination at 90°)
 - Static progressive splinting OK if needed
- Continue above precautions

Phase 3: Week 12-16 weeks

- Add generalized strengthening. Activities as tolerated (if ROM adequate and healed)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/terribletriad/

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Elbow Dislocation – Operative and Non-operative

Three times per day home exercise program:

Goal: obtain full motion while protecting the elbow ligaments while they heal

Phase 1: Week 0-6

- Splint for 0-2 weeks
- Sling x 6 weeks as needed except for hygiene and TID therapy
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm elbow A/AAROM with the elbow tucked at the side:
 - Elbow Flexion
 - Extension (with the forearm in pronation)
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid, periscapular, biceps/triceps isometrics, posture exercises, pendulum hangs
- Lateral ligament precautions:
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - Avoid supination while elbow is in extension
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling entirely
- Add 4 quadrant shoulder A/AA/PROM as needed
- Add elbow and forearm PROM
 - Static progressive splinting OK if needed
- Add wrist, forearm and elbow gentle strengthening
- Continue above precautions (especially avoiding varus at the elbow)

Phase 3: Week 12-16 weeks

- Generalized strengthening. Activities as tolerated (if ROM adequate and healed)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/elbowdislocation/

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Lateral Ulnar Collateral Ligament (LUCL) - Reconstruction or Repair

Three times per day home exercise program:

Goal: obtain full motion while protecting the elbow ligaments while they heal

Phase 1: Week 0-6

- Splint for 0-2 weeks
- Sling x 6 weeks as needed except for hygiene and TID therapy
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm elbow A/AAROM with the elbow tucked at the side:
 - Elbow Flexion
 - Extension (with the forearm in pronation)
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- Biceps and Triceps isometrics with the elbow at 90° flexion
- Precautions
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - Avoid supination while elbow is in extension
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from sling entirely
- Add 4 quadrant shoulder A/AA/PROM as needed
- Add elbow and forearm PROM
- Add wrist, forearm and elbow gentle strengthening
- Continue above precautions (especially avoiding varus at the elbow)

Phase 3: Week 12-16 weeks

- Generalized strengthening, activities as tolerated (if ROM adequate)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/PLRI/

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Ulnar Collateral Ligament (UCL) - Non-Operative

Three times per day home exercise program:

Goals:

- 1) Obtain ROM while ligament "heals"**
- 2) Wrist, forearm, core strengthening**
- 3) Return to competitive sport**

Phase 1: Week 0-6

- Splint for 0-2 weeks
- Sling x 6 weeks as needed except for hygiene and TID elbow wrist and finger ROM
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm elbow A/AAROM
- Rhomboid, periscapular, biceps/triceps isometrics, posture exercises, pendulum hangs
- Once pain resolved, add grip, flexor pronator and mobile wad light strengthening
- Precautions
 - Avoid functional valgus (no pushing or throwing)
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Begin if patient is asymptomatic to functional valgus (moving valgus stress test)
- Add 4 quadrant shoulder A/AA/PROM as needed
- Add elbow and forearm PROM
- Add wrist, forearm and elbow progressive strengthening
 - Additional focus on flexor pronators
- Precautions
 - Avoid functional valgus (no pushing or throwing) until asymptomatic

Phase 3: Week 12+

- Progressive unrestricted strengthening, core conditioning
- Initiate return to sport / throwing program once asymptomatic and strengthening complete
 - Goal return to competition at 3-4 months

More info: twincitiesshoulderandelbow.com/tommyjohn/

twincitiesshoulderandelbow.com/patienteducationdocuments/



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Ulnar Collateral Ligament (UCL) - Tommy John Reconstruction

Three times per day home exercise program:

Goals:

- 1. Obtain ROM while protecting repair**
- 2. Wrist and forearm strengthening**
- 3. Return to competitive sport**

Phase 1: Week 0-6

- Splint for 0-2 weeks
- Sling x 6 weeks as needed except for hygiene and TID therapy
- Edema control:
 - OT or clinic provided compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm elbow A/AAROM
- Rhomboid, periscapular biceps/triceps isometrics, posture exercises, pendulum hangs
- Precautions
 - Avoid functional valgus (no pushing or throwing)
 - No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Add 4 quadrant shoulder A/AA/PROM as needed
- Add elbow and forearm PROM
- Add wrist, forearm and elbow gentle strengthening
 - Include flexor pronators
- Precautions
 - Avoid functional valgus (no pushing or throwing)
 - No lifting > 5#

Phase 3: Week 12-16 weeks

- Progressive unrestricted strengthening
- Core conditioning
- Initiate return to sport / throwing program at 4 mo post-op
 - Goal return to competition at 10 months

More info: twincitiesshoulderandelbow.com/tommyjohn/

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Monteggia Fracture Dislocation— ORIF

Three times per day home exercise program:

Goal: Avoid fracture displacement but obtain max ROM by 3 months post-operatively

Phase 1: Week 0-6

- Sling as needed for comfort
 - OT provided night splint only in 90° of flexion and 60° supination.
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist ROM
- TID elbow motion
 - A/AAROM elbow flexion
 - P/AAROM gravity assisted elbow extension with the forearm in pronation
 - Pronation / Supination with the elbow flexed to 90°
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- Precautions
 - Avoid varus force at the elbow
 - Keep elbow tucked at the side of the body for all activities
 - Avoid holding the elbow out and away from the body (active abduction or FF at the shoulder)
 - Avoid supination while elbow is in extension
 - No lifting > coffee cup, No pushing against resistance

Phase 2: Week 6-12 weeks

- Discontinue sling altogether
- Advance aggression on TID elbow wrist finger A/AA/PROM
 - Static progressive splinting OK if needed
- Add 4 quadrant shoulder A/AA/PROM as needed
- Continue above precautions

Phase 3: Week 12-16 weeks

- Generalized strengthening, activities as tolerated (once ROM is full)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/olecranon/

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Elbow Release (Arthroscopic or Open)

Three times per day home exercise program:

Phase 0: Same and next day therapy session

*(while regional block is active)

- Fabricate removable terminal extension night splint (in max extension)
- Therapist assisted unrestricted PROM

Phase 1: 0-12 weeks

- Sling as needed for comfort (wean out completely by 2 weeks)
- Wear extension splint nightly as tolerated
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- Finger, wrist, forearm, elbow unrestricted A/AA/PROM
 - OK for static progressive splinting as indicated
- Precautions
 - Weight bearing as tolerated

Phase 2: 12-18 weeks

- Discontinue night splint
- Activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program, unrestricted strengthening
 - Coaching to work on motion for another 3 months at home.
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/elbowstiffness/

*If ROM is not full (or at least 30-130°) by 3 months post-operative, the patient may benefit from manipulation under anesthesia. If this is a risk for not meeting this goal please contact Dr. Myeroff's office, consider dynamic progressive splinting, and educate the patient on the importance of urgent gains.

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Total Elbow Arthroplasty

Three times per day home exercise program:

Prehab: 0-6 weeks pre-operative appointment to establish care and coaching on:

- Set expectations and training on recovery, exercises and restrictions, sling donning and doffing
- Work and home evaluation / modifications including ADLs, hygiene, sleep, equipment

Phase 1: 0-2 weeks

- Sling as needed for comfort (wean out completely by 2 weeks)
- Splint full time for wound protection.
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- Finger ROM exercises, pendulum hangs and axillary cares
- Precautions
 - ***If triceps repaired, avoid resisted elbow extension for 12 weeks
 - Coaching on lifelong lifting restrictions:
 - **No more than 2# repetitive or 5# one time weightbearing**
 - Avoid varus at the elbow (lifting with the shoulder in abduction)

Phase 2: 2 weeks (initiated once splint removed)

- Wean from sling
- Continue edema control
- Activities as tolerated within above restrictions
- Home exercise program
 - A/AA/Gentle PROM elbow flexion/extension, pronation/supination
 - A/AA/PROM elbow wrist and fingers
 - Gentle shoulder A/AAROM as needed

More info: twincitiesshoulderandelbow.com/elbowarthritis/

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Lateral Epicondylitis (Tennis Elbow) – Non-Operative

Three times per day home exercise program:

Phase 1: 0-12 weeks

- Generalized flexor-pronator, mobile wad, wrist stretching and strengthening
 - Use a hammer or similar object
- Eval and treat with additional modalities as indicated
 - OK for Iontophoresis, dry needling, acupuncture, desensitization
- Precautions would include avoiding heavy lifting (more than 5 pounds repetitive)
 - Especially avoid heavy resisted wrist extension and supination
 - Elbow strap as needed
 - Use wrist brace
 - Most of the day while active
 - Especially during any high demand activities
 - Remove for hygiene, therapy, sleep
- Couple this period of treatment with an anti-inflammatory protocol if medically tolerable:
 - Scheduled ibuprofen (600mg TID) if not contraindicated
 - Ice massage for 30 minutes 3 times per day over the lateral epicondyle
 - Optional nitroglycerine patches daily to the lateral epicondyle if prescribed

Phase 2: 12-24 weeks

- Wean from wrist brace except for when lifting >5#
- Generalized UE strengthening
- Activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- Return to Dr. Myeroff for consideration of PRP injection, TENEX or surgery if still symptomatic

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Lateral Epicondylitis (Tennis Elbow) – Operative

Three times per day home exercise program:

Phase 1: 0-6 weeks

- Gentle flexor-pronator, mobile wad, wrist stretching
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- Precautions
 - No lifting >coffee cup
 - NO resisted wrist extension and supination
 - Use wrist brace full time except for hygiene exercises ROM exercises
- Scheduled icing 30 minutes 3 times per day over the lateral epicondyle
 - Transition to ice massage starting at 2 weeks once wound is healed

Phase 2: 6-12 weeks

- Wean from wrist brace except for work and household activities
- Generalized flexor-pronator, mobile wad, wrist stretching and strengthening
 - Use a hammer or similar object
- Eval and treat with additional modalities as indicated
 - OK for Iontophoresis, dry needling, acupuncture, desensitization
- Precautions
 - No lifting >5#
 - NO resisted wrist extension and supination >2#
 - Wean from wrist brace
 - Except for work and household activities
 - Remove for hygiene, ROM exercises, sleep

Phase 2: 12-18 weeks

- Generalized strengthening, activities as tolerated.
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment

More info: twincitiesshoulderandelbow.com/tenniselbow/

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Medial Epicondylitis (Golfer's Elbow) – Non-Operative

Three times per day home exercise program:

Phase 1: 0-12 weeks

- Generalized flexor-pronator, mobile wad, wrist stretching and strengthening
 - Use a hammer or similar object
- Eval and treat with additional modalities as indicated
 - OK for Iontophoresis, dry needling, acupuncture, desensitization
- Precautions would include avoiding heavy lifting (more than 5 pounds repetitive)
 - Especially avoid heavy resisted wrist flexion and pronation
 - OK for elbow strap as needed
 - Use wrist brace
 - Most of the day while active
 - Especially during any high demand activities
 - Remove for hygiene, therapy, sleep
- Couple this period of treatment with an anti-inflammatory protocol if medically tolerable:
 - Scheduled ibuprofen (600mg TID) if not contraindicated
 - Ice massage for 30 minutes 3 times per day over the lateral epicondyle
 - Optional nitroglycerine patches daily to the lateral epicondyle if prescribed

Phase 2: 12-24 weeks

- Wean from wrist brace except for when lifting >5#
- Generalized UE strengthening
- Activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment
- Return to Dr. Myeroff for consideration of PRP injection, TENEX or surgery if still symptomatic

More info: twincitiesshoulderandelbow.com/golferselbow/

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Medial Epicondylitis (Golfer's Elbow) – Operative

Three times per day home exercise program:

Phase 1: 0-6 weeks

- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- Gentle flexor-pronator, mobile wad, wrist stretching
- Precautions
 - No lifting >coffee cup
 - NO resisted wrist flexion or pronation
 - Use wrist brace full time except for hygiene exercises ROM exercises
- Scheduled icing 30 minutes 3 times per day over the medial epicondyle
 - Transition to ice massage starting at 2 weeks once wound is healed

Phase 2: 6-12 weeks

- Wean from wrist brace except for work and household activities
- Generalized flexor-pronator, mobile wad, wrist stretching and strengthening
 - Use a hammer or similar object
- Eval and treat with additional modalities as indicated
 - OK for Iontophoresis, dry needling, acupuncture, desensitization
- Precautions
 - No lifting >5#
 - NO resisted wrist flexion or pronation >2#
 - Wean from wrist brace
 - Except for work and household activities
 - Remove for hygiene, ROM exercises, sleep

Phase 2: 12-18 weeks

- Generalized strengthening, Activities as tolerated.
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment

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Distal Biceps Tendonopathy – Non-operative

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Splint or complete rest 0-2 weeks
- Decrease inflammation
 - Avoid resisted flexion while painful
 - TID icing, scheduled anti-inflammatories:
 - Compressive stocking
 - Elevate above heart on pillows while supine
 - Modalities as indicated including iontophoresis

Phase 2: 2-6 weeks

- Wean from all splints and braces
- Continue anti-inflammatory modalities
- TID Finger, wrist, forearm A/AA/PROM
- Initiate elbow AA/PROM flexion and A/AA Extension ROM as pain resolves
- Precautions
 - No lifting >coffee cup, avoid resisted supination

Phase 3: 6-12 weeks (begin once painless)

- Continue anti-inflammatory modalities
- Unrestricted A/AA/PROM elbow, wrist, forearm and fingers
- Progressive unrestricted finger wrist forearm strengthening
- Eccentric biceps strengthening introduced as pain resolves
 - Progressive biceps and triceps strengthening 8+ weeks
- Precautions
 - No lifting >5#
 - Avoid strenuous elbow flexion or supination

Phase 3: 12-18 weeks

- Generalized unrestricted strengthening, activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment

[More info: twincitiesshoulderandelbow.com/distalbiceps/](http://Twincitiesshoulderandelbow.com/distalbiceps/)

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Distal Biceps Repair

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Splint 0-2 weeks
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine

Phase 2: 2-12 weeks

- Edema control
- Finger, wrist, forearm, elbow A/AA/PROM
 - Special focus on passive pronation and supination
- Precautions
 - No lifting >coffee cup
 - NO resisted elbow flexion or supination

Phase 3: 12-18 weeks

- Gentle biceps and triceps strengthening
 - Use a hammer or similar object
- Generalized strengthening, activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment



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Triceps Tendinopathy – Non-operative

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Splint or complete rest 0-2 weeks
- Decrease inflammation
 - Avoid resisted extension while painful
 - TID icing, scheduled anti-inflammatories:
 - Compressive stocking
 - Elevate above heart on pillows while supine
 - Modalities as indicated including iontophoresis

Phase 2: 2-6 weeks

- Wean from all splints and braces
- Continue anti-inflammatory modalities
- TID Finger, wrist, forearm A/AA/PROM
- Initiate elbow A/AA flexion and P/AA Extension ROM as pain resolves
- Precautions
 - No lifting >coffee cup
 - No resisted elbow extension (pushing)

Phase 3: 6-12 weeks (begin once painless)

- Continue anti-inflammatory modalities
- Unrestricted A/AA/PROM elbow, wrist and fingers
- Progressive unrestricted finger wrist forearm strengthening
- Eccentric triceps strengthening introduced as pain resolves
 - Progressive biceps and triceps strengthening 8+ weeks

Phase 4: 12+ weeks (or when ready to progress)

- Generalized strengthening, activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment

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Triceps Repair or Reconstruction

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Splint 0-2 weeks
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine

Phase 2: 2-12 weeks

- Edema control
- Finger, wrist, forearm A/AA/PROM
- Initiate elbow ROM
 - A/AAROM elbow flexion
 - 0-60° weeks 2-4
 - 0-90° weeks 4-6
 - Unrestricted beyond 6 weeks
 - Gravity assisted P/AAROM extension (unlimited)
- Precautions
 - No lifting >coffee cup
 - No resisted elbow extension (pushing)

Phase 3: 12-18 weeks

- Unrestricted A/AA/PROM
- Progressive biceps and triceps strengthening
- Generalized strengthening, activities as tolerated (if ROM adequate and pain free)
- Independent home exercise program, unrestricted strengthening
- Return to high level functional ADLs and simulation of work environment

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Cubital Tunnel Release

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Leave soft dressings in place, or remove after POD#3 and replace with compression sleeve
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- Activities and ROM as tolerated

Phase 2: 2-6 weeks

- Edema control, desensitization, dexterity
- Scar management
- Finger, wrist, forearm, elbow A/AA/PROM
- Progressive strengthening
- Activities and ROM as tolerated



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Olecranon Bursectomy (or aspiration)

Three times per day home exercise program:

Phase 1: 0-2 weeks

- Long arm posterior splint left in place for 2 weeks
- Edema control:
 - Elevate above heart on pillows while supine
 - TID Finger ROM
- WBAT

Phase 2: 2-6 weeks

- Custom removable long arm splint in 45° flexion (ie orthoplast or orthoglass)
 - Worn full time except hygiene and skin checks
- Edema control
 - Compressive elastic stocking / sleeve full time except hygiene and skin checks
 - Elevate above heart on pillows while supine
 - TID Finger ROM
- Scar management
- Finger, wrist, forearm A/AA/PROM

Phase 3: 6+

- Progressive gentle A/AA/PROM, strengthening as needed
- Continue compressive sleeve up to 12 weeks
- Activities and ROM as tolerated





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Forearm Fracture – ORIF

Three times per day home exercise program:

Phase 1: Week 0-6

- Sling as needed for comfort x 2 weeks, then wean from sling
- Edema control:
 - Compressive stocking
 - Elevate above heart on pillows while supine
- TID finger, wrist, forearm, elbow pronation / supination A/AA/PROM
 - Consider OT provided removable night splint in 60° supination
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- No lifting > 5#, no pushing or pulling against resistance

Phase 2: Week 6-12 weeks

- Advance to more aggressive elbow A/AA/PROM
- Add 4 quadrant shoulder A/AA/PROM as needed
- No lifting >10#

Phase 3: Week 12-16 weeks

- Generalized strengthening, activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



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Distal Radius Fracture – Non-op

Three times per day home exercise program:

Phase 1: Week 0-6

- Sling as needed for comfort
- Edema control:
 - Elevate above heart on pillows while supine
- TID finger, elbow A/AA/PROM
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs
- Modalities as indicated
- No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Removable wrist brace to be worn as needed
 - Remove for TID therapy and hygiene
- Advance to A/AA/PROM fingers, wrist, forearm and elbow
- Gradual strengthening, putty, isometrics
- Add desensitizing, mirror therapy, dexterity exercises as needed
 - Modalities as indicated
- Add 4 quadrant shoulder A/AA/PROM as needed
- No lifting >5#

Phase 3: Week 12-16 weeks

- Generalized strengthening, activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment



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Distal Radius Fracture – ORIF

Three times per day home exercise program:

Phase 1: Week 0-6

- Sling as needed for comfort
 - Removable splint x 6 weeks except for TID HEP and hygiene
- Edema control:
 - Elevate above heart on pillows while supine
- TID A/AA/PROM fingers, elbow
- TID A/AAROM wrist and forearm
- Rhomboid and periscapular isometrics, posture exercises, pendulum hangs, shoulder ROM
- Gentle scar massage, silicone pads
- Modalities as indicated
- No lifting > coffee cup

Phase 2: Week 6-12 weeks

- Wean from brace
- Advance to PROM wrist and forearm
- Gradual strengthening, putty, isometrics
- Continue scar massage, silicone pads
- Add desensitizing, mirror therapy, dexterity exercises as needed
 - Modalities as indicated
- No lifting >5#

Phase 3: Week 12-16 weeks

- Generalized strengthening, activities as tolerated
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment


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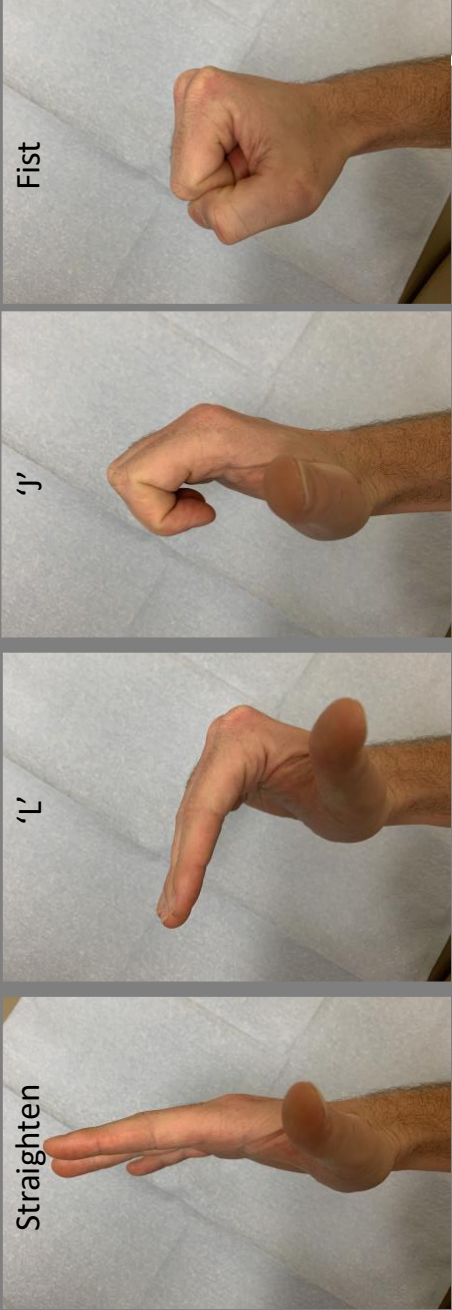
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Finger Range of Motion Diagram



Finger Range of Motion

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Straighten

'L'

'J'

Fist



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Cycle through the above motions with the assistance of your other hand
*This will prevent stiffness and swelling



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Elbow Elevation Technique Diagram



Elbow Elevation

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1. Lay as flat as you can comfortably
2. Place one pillow doubled over next to your injured shoulder to keep your upper arm from dropping down
3. Place another pillow doubled over on your chest to support your forearm

*It helps to have your sling on

*You should be in this position most of the day for the first 1-2 weeks

*This is the only reliable way to elevate your elbow above your heart

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Standard Elbow Range of Motion Diagram

Elbow Range of Motion

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Flexion

Extension

Pronation

Supination

Types of Motion

Passive: An outside force moves your arm for you entirely

Active assist: Using the power of your injured arm with the assistance of your uninjured arm or an outside force

Active: Using the power of only your injured arm

*Tuck your elbow at your side for all exercises

*Can be done sitting, laying, or standing

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LUCL Protection Elbow Range of Motion Diagram

Protected Elbow Range of Motion

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For ligament injuries and unstable fractures

Elbow dislocations, Lateral ligament repair, Terrible triad injuries

Flexion

Extension

Pronation

Supination

Only straighten the elbow with the wrist in pronation

Avoid varus at the elbow!
-No reaching out and overhead
-Keep your elbow tucked at the side

Only supinate with the elbow bent to 90°

Types of Motion

Passive: An outside force moves your arm for you entirely
Active assist: Using the power of your injured arm with the assistance of your uninjured arm or an outside force
Active: Using the power of only your injured arm

*Tuck your elbow at your side for all exercises
*Can be done sitting, laying, or standing

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Shoulder Range of Motion Diagram



Shoulder Range of Motion

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Supine forward elevation with wand



Table Slides



Table Slides



External rotation with wand



Internal rotation

Types of Motion

Passive: An outside force moves your arm for you entirely
 *relax the shoulder like a wet noodle

Active assist: Using the power of your injured arm with the assistance of your uninjured arm or an outside force

Active: Using the power of only your injured arm



Rhomboid Isometrics and Posture
 Squeeze your shoulder blades together as if pinching a towel between them



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