

Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

## Shoulder Arthroscopy & ASD & Biceps Tenotomy

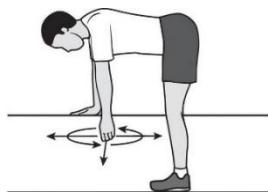
This exercise programme is designed to restore strength and flexibility to your shoulder and enable a gradual return to everyday activities after your surgery. It is recommended that you follow this exercise programme daily and adhere to the time guidelines for each Phase. You should exercise for 10-15 minutes, 2-3 times per day during the early recovery period. It is normal to experience some discomfort whilst performing some exercises however, you should not push through pain.

You should apply ice to the shoulder for 15 minutes after your exercise session to help minimise pain and inflammation. This exercise programme serves as a guide only, it is recommended you attend your physiotherapist to facilitate your rehabilitation and for specific return to sport guidance.

### Phase 1 (From Day 1)

- Wean off from immobiliser/sling in first few days
- Aim for 2-3 sessions a day

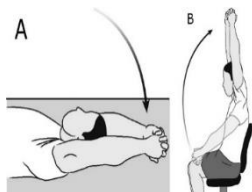
#### 1. Pendulum/Circular



Bend forward 90 degrees at the waist, placing your uninvolved hand on a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counter clockwise 10 times.

Keep your arm relaxed during the exercise. The circular pendular movement should occur through your shoulder joint.

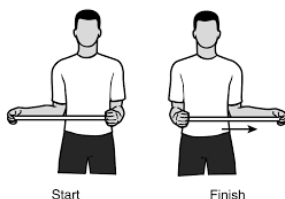
#### 2. Assisted Shoulder Flexion



This exercise can be done either lying down (A) or sitting down (B). Clasp hands together and lift arms above head. Keep your elbows as straight as possible. Maintain the elevation for 10-20 seconds, then slowly lower your arms.

Slowly increase the elevation of your arms as the day's progress, using pain as your guide.  
Repeat 10-20 times.

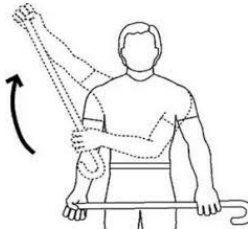
#### 3. Assisted Shoulder Rotation



Grasp the stick with one hand and cup the other end of the stick with the other hand. Keep the elbow of the shoulder you are stretching against the side of your body and push the stick horizontally as shown to the point of feeling a slight pull without pain. Hold for 5 seconds and then relax.

Repeat 10-15 times.

#### 4. Active Assisted Abduction



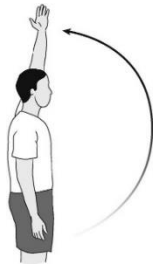
Using a stick to assist (as shown), raise your operated arm out to side with elbow straight and palm facing upwards. Do not shrug your shoulder or tilt your trunk. Slowly increase the elevation of your arms as the day's progress, using pain as your guide.

Repeat 10-20 times.

#### Phase 2 (From Week 2-3)

- Progress to this phase when you reach full movement in Phase 1

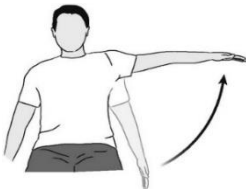
#### 1. Shoulder Forward Elevation (Active)



Raise arm upward to point to ceiling, keeping elbows straight and leading with your thumb, as shown. Hold for 10 seconds.

Repeat 5-10 times.

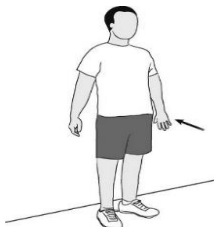
#### 2. Shoulder Abduction (Active)



Raise arm out to side, with elbow straight and palm downward. Do not shrug your shoulder or tilt your trunk. Repeat 5-10 times.

*NB: Only raise your arm as far as is comfortable, do not push through pain.*

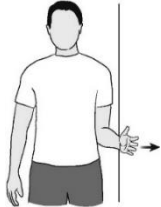
#### 3. Isometric Shoulder Extension



Stand with your back against the wall and arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, and then relax.

Repeat 5-10 times.

#### 4. Isometric Shoulder External Rotation



Stand with the involved side of your body against a wall. Bend your elbow 90 degrees. Push the back of your hand slowly into the wall. Hold for 5 seconds, and then relax.

*Repeat 10 times.*

#### 5. Isometric Shoulder Internal Rotation



Stand at a corner of a wall or in a door frame. Place your involved arm against the wall around the corner, bending your elbow 90 degrees. Push the palm of your hand into the wall. Hold for 5 seconds, and then relax.

*Repeat 10 times.*

#### 6. Isometric Shoulder Adduction



Place a small pillow between your inner arm and the side of your chest, as shown. With your arm, squeeze the pillow against the side of your chest. Hold for 5 seconds, and then relax.

*Repeat 10 times.*

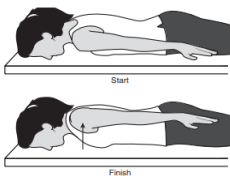
#### 5. Isometric Shoulder Abduction



Resisting upward motion to the side, slowly and gently push your arm against the back of chair. Hold for 5 seconds, and then relax.

*Repeat 10 times.*

#### 7. Scapula Setting



Lie on your stomach with your arms by your sides. Place a pillow under your forehead for comfort, if required.

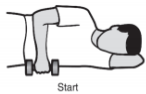
Gently draw your shoulder blades together and down your back as far as possible. Ease about halfway off from this position and hold for 10 seconds and relax.

*Repeat 10 times.*

## Phase 3 (From Week 4-6)

- **Only progress to this phase once full range of movement has been achieved**
- **Start with a light weight and increase as your strength improves**
- **Aim for 1-2 sessions per day**

### 1. External Rotation



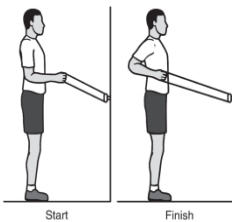
Lie on your side on a firm, flat surface with your unaffected arm under you, cradling your head.



Hold your injured arm against your side as shown, with your elbow bent at a 90° angle. Keep your elbow against your side and slowly rotate your arm at the shoulder, raising the weight to a vertical position.

Slowly lower the weight to the starting position to a count of 5. *Repeat 10 times.*

### 2. Standing Row



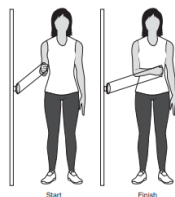
Attach the theraband to a doorknob or other stable object.

Stand holding the band with your elbow bent and at your side, as shown in the start position.

Keep your arm close to your side and slowly pull your elbow straight back. Slowly return to the start position.

*Repeat 10 times.*

### 3. Standing Internal Rotation

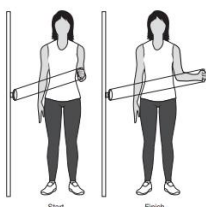


Attach the theraband to a doorknob or other stable object. Stand holding the band with your elbow bent and at your side, as shown in the start position.

Keep your elbow close to your side and bring your arm across your body. Slowly return to the start position.

*Repeat 10 times.*

### 4. Standing External Rotation

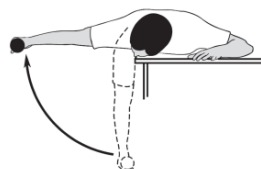


Attach the theraband to a doorknob or other stable object. Stand holding the band with your elbow bent and at your side, as shown in the start position.

Keeping your elbow close to your side, slowly rotate your arm outward. Slowly return to the start position.

*Repeat 10 times.*

## 5. Bent Over Horizontal Abduction



Lie on your stomach on a table or bed with your injured arm hanging over the side. Keep your arm straight and slowly raise it up to eye level.

Slowly lower it back to the starting position.

*Repeat 10 times.*

*Note: Start with body weight & progress to a light weight*

## 6. Scapular Retraction/Protraction



Lie on your stomach on a table or bed with your injured arm hanging over the side.

Keep your elbow straight and lift the weight slowly by squeezing your shoulder blade toward the opposite side as far as possible.

Return slowly to the starting position.

*Repeat 10 times.*

## 7. Elbow Flexion



Stand tall with your weight evenly distributed over both feet.

Keep your elbow close to your side and slowly bring the weight up toward your shoulder as shown.

Hold for 2 seconds.

Slowly return to the starting position.

*Repeat 10 times.*

## 8. Elbow Extension



Stand tall with your weight evenly distributed over both feet.

Raise your arm and bend your elbow with the weight behind your head.

Support your arm by placing your opposite hand on your upper arm.

Slowly straighten your elbow and bring the weight overhead.

Hold for 2 seconds.

Slowly lower your arm back down behind your head.

*Repeat 10 times*

### **Cardiovascular Fitness**

It is recommended you refrain from contact sport for 6-8 weeks post-surgery. You may begin walking and cycling (stationary bike) from 1-week post-surgery. If you have a painful shoulder it is recommended you avoid high impact cardiovascular exercise that may exacerbate inflammatory symptoms, in the early rehabilitation phases.

### **Running**

You can gradually return to running after completing 6-8 weeks of the rehabilitation programme. It is important to start off gradually due to forces that can occur at landing.

### **Pain or Swelling after Exercise**

As you increase the intensity of your exercise program, you may experience temporary setbacks. If your shoulder becomes painful or inflamed after a particular exercise activity, you should reduce or stop the activity, apply ice and revert to the Pendular/Circular exercises (Phase 1) until pain or swelling subsides. Contact our office if your symptoms persist.

## Physiotherapy Rehabilitation Guidelines: Shoulder Arthroscopy & ASD & Biceps Tenotomy

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1 Week 0-3	Wean from immobiliser in initial few days	Aim to restore ROM immediately	Pendular excs / PROM / AAROM* / Pulleys / AROM to wrist, elbow, neck / Scapula Retractions / Postural Awareness / Gentle Isometrics - RC / scap / deltoid / GHJ / Scapula mobilisations / Wand excs / Pool therapy (when wounds healed)	Avoid compensatory movements  Focus on normal scapulo-humeral rhythm
Phase 2 Week 3-6	No immobiliser	Aim for full ROM	Isotonics – resistance bands / weights / Joint mobilisations / Scapulothoracic isometrics / isotonics / Postural Alignment / Abdominal Activation / Address kinetic chain – trunk / lower limb / Proprioceptive excs	Emphasis on exercise technique  Muscular Endurance - High reps, low weight
Phase 3 Week 6+	No immobiliser	FROM	PNF Diagonal Patterns / Progression of upper extremity strengthening – delts, lats, pecs, RC, periscapular (weights programme) / Activity specific plyometrics / Overhead / throwing programme	Eccentric strengthening  High speed / high energy strengthening

**Note:** As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact [rehab@cathaljmoran.com](mailto:rehab@cathaljmoran.com) if you have any queries.