

Conservative Management of Shoulder Impingement

Orthopaedic Sports Health Clinic of Salina

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**Questions regarding this protocol please call the Salina Regional Health Center Outpatient
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A. Acute Phase:

1. Decrease pain
2. Soft tissue protection
3. Rest from stress, but not from function
4. Maintain joint mobility

B. Plan:

1. Sling (unweighted resting position) as needed for pain control
2. Refrain from painful arcs and motions, such as overhead reaching and behind the back reaching.
3. Avoid prolonged or repetitive overhead and cross-body motions.
4. Avoid weight bearing on hands or elbows.
5. Active assistive range of motion, within a pain-free arc.
6. Cold packs for 15-minutes when symptoms are exacerbated by exercise or active.
7. NSAIDS.
8. Electrical stimulation or Iontophoresis.

C. Subacute:

Goals:

1. Restore normal joint arthokinematic.
2. Increase joint mobility and soft tissue flexibility.

Plan:

1. Continue modalities as needed, e.g. ultrasound, electrical stimulation, iontophoresis, ice.
2. Continue medications as indicated by physician.
3. Exercises for rotator cuff strengthening and scapular stabilization.
4. Joint mobilization, capsular stretching with an emphasis on posterior capsule.
5. Rhythmic stabilization.
6. UBE with the seat elevated.

D. Return to Activity

1. Sports specific retraining.
2. Plyometric drills.
- 3 Eccentric training on isokinetic devise.
4. Closed chain activities..

E. Conservative Management of Impingement Syndrome may take up to six months.

Acute Phase: 2-3 times per week for 2 weeks

Subacute Phase: 1-2 times per week for 2-4 weeks.

Return to Function Phase: 1 time per week for 4 weeks and then home exercise program for up to 4 months.