



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SHOULDER ARTHROSCOPIC TUBEROPLASTY

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

<p><u>Procedure:</u> Right / Left Arthroscopic Tuberoplasty</p>
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___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____x/week x _____weeks

-If Distal Clavicle Resection was also performed, avoid cross-body adduction x 8 wks

-If Biceps Tenodesis was also performed, avoid resisted elbow flexion x 4 wks



__ Phase I (0-3 wks): *Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Passive shoulder ROM only (ie. NO active ROM). No cuff strengthening until after 6-8 weeks.*

PLEASE NOTE:

- **NO shoulder extension or combined extension/abduction**
- **NO UBE or Body Blade**

Weeks 0-1:

- Sling at all times; pillow behind elbow at night to prevent extension.
- No motion

Weeks 1-3:

- Sling at all times (except for hygiene and PT); pillow behind elbow at night to prevent extension.
- **ROM:** PASSIVE ROM ONLY: forward elevation, ER with arm at side, abduction without rotation, as tolerated.
 - Goals by 6 wks: flex 140 deg, ER @ side 40 deg, abduction max 60-80 deg without rotation. Heat before, ice after.
- **Strengthening:** NONE except grip strengthening.

__Phase II (3-6 wks): *Increase ROM*

- D/C sling if cleared by MD
- **ROM:** Light passive stretching at end ranges. Begin AAROM (canes, pulleys, etc.) and progress supine to vertical; gradually progress to AROM after 8 weeks.
 - Goals: full motion by 6 weeks.
 - When working on flexion, block scapulothoracic and emphasize glenohumeral motion
 - Focus on increasing ROM with a focus on forward elevation, adducted external rotation, and adducted internal rotation
- **Strengthening:**
 - **No resisted shoulder motions until after 6 wks.**

__Phase III (6-12+ weeks): *Begin gentle cuff strengthening and progress to sport-specific/occupation-specific rehab.*

- **ROM:** To full
- **Strengthening/Activities:**
 - Incorporate active ROM and strengthening per PT preference, with no specific limitations
 - Can resume heavy labor once full-strength achieved (usually by 3-4 months)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.



Date:_____

Bryan M. Saltzman, MD