



SHOULDER IMPINGEMENT SYNDROME

Conservative, Non-Surgical Treatment

Phase I (1 – 5 days)

- Patient education: To avoid activities involving symptomatic shoulder elevation above 90 degrees
- ROM
 - PROM, A/AROM in painfree range
 - Pulleys, Codman's pendulum and cane exercises
- Strengthening
 - Prone scapular stabilization exercises
 - Resisted elbow and wrist strengthening exercises
- Soft tissue mobilization to subscapularis, pectoralis minor and RTC insertion
- Modalities: prn for pain, inflammation and tissue healing

Phase II (5 days – 4 weeks)

- ROM
 - Progress PROM to WFL
 - Address pectoralis shortening and posterior capsular tightness with appropriate stretching exercises
 - AROM to include PNF (D1/D2)
- Strengthening
 - Isometric RTC strengthening exercises
 - Progress to light resistance exercises using free weights or Theraband in ranges below 90 degrees elevation or pain free range
 - Prone scapular stabilization exercises
- Surface EMG for neuromuscular re-education
- Joint mobs, grade II and III, emphasizing inferior glide; Soft tissue mobs to subscapularis, pectoralis minor and RTC insertion
- Modalities prn for pain, inflammation and tissue healing

Phase III (4 weeks – 10 weeks)

- Self-stretching exercises
- Strengthening
 - Progressive RTC and periscapular strengthening exercises
 - Closed-chain strengthening exercises for RTC and scapula
- Scapular PNF using free weights to strengthen shoulder elevation
- Surface EMG for neuromuscular re-education



Phase IV (10 weeks +)

- Self-stretching exercises
- Machine weight strengthening exercises
- Sport-specific/work-specific training

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2) Wilk KE, Reinold MM, Andrews, JR. Nonoperative Treatment of Subacromial Impingement Rehabilitation Protocol. Winchester MA: Advanced Continuing Education Institute, 2004.