

Plan:

- Acute pain phase:
 - Patient education, posture correction and ergonomics
 - Outpatient pain medication, joint mobilization, soft tissue mobilization and modalities – ice, heat, ultrasound, etc
- Phase II & III exercises
 - Shoulder and scapular ROM and stretching
 - Rotator cuff strengthening protocol:
 - Eccentric protocol; isometric --> therabands-->light weight --> med-heavy weight
 - Scapular stabilization and strengthening exercises
 - Core strengthening
 - Neck stretching and mobilization
 - Home Exercise program
- Precautions:
 - Limit/Avoid provocative positions for worsening of AC joint pain: internal rotation behind the back, cross body adduction, and end range forward elevation as they involve motion at the AC joint, which can be painful
 - Avoid shoulder press, bench press, military press, dips, pulldown behind the back, and pectoralis flys
 - Exercises should be performed in painless arc initially
 - Avoid body blade, or upper body ergometer in the initial phases
 - Emphasize lower weight, higher repetition exercises starting out with lightweights and progressively increasing the intensity, resistance, and speed. Focus on strengthening in functional positions
 - Avoid strengthening exercise with long lever arm (elbow extended and shoulder abducted and extended, Empty can position). During the late phases, you can have patients work in these positions
 - Watch out for recurrence of subacromial bursitis symptoms due to fatigue of rotator cuff during strengthening phase. Allow for adequate rest and stretching in between days of strengthening. Patients will typically have pain in arm or posterior pain as their symptoms
- Modalities:
 - Heat and Ice
 - Ultrasound
 - Iontophoresis
 - Phonophoresis
 - TENS
 - Trigger point massage
 - Therapists' discretion