

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:
 - Exercises should be performed in painless arc initially (usually below the shoulder level) and progressively advanced to above shoulder level
 - Avoid provocative positions during strengthening exercise in the initial phase: flexion, adduction and internal rotation or arm behind the back (impingement positions)
 - 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