



Conservative Impingement Syndrome Protocol

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- 4-6 visits over 6 weeks (usually 2-3)
- Emphasis is on high repetition, low weight free weight program
- Address muscular and capsular dysfunction, including posterior capsule tightness, which lead to impingement
- Address scapular mal-positioning
- Minimal to no pain during or after exercises, although fatigue is OK
- No passive ROM (PROM) or pulleys unless specifically indicated by the physician

MODALITIES:

- Ice following exercises
- Transfrictional massage for tendonitis (if indicated by physician)
- No phonophoresis/iontophoresis
- Ultrasound (if indicated by physician)
- Soft-tissue techniques (if indicated by physician)

STRETCHING/ROM (2X/DAY):

*If indicated for short musculature or capsular hypomobility (ie. Internal Rotation)

- Codman's (pendulum) exercises to warm up
- Four corner stretch
- AAROM (wand exercises) in all movements -full ROM as tolerated -accept minimal pain only!
- Manual technique for posterior capsular stretching (rarely necessary)

STRENGTHENING - ALL EXERCISES PAIN-FREE ROM ONLY (3X/WEEK MAX):

- Isometric exercises
 - If cuff injury suspected, avoid isometrics and proceed directly to isotonic
- Isotonic exercises - strengthening exercises #1-8 as tolerated
 - Perform with free weights only (No theraband - except IR #6)
 - Repetitions -20-50 reps before adding/progressing in weight

- Start against gravity without weight; progress as tolerated to:
 - 2 oz. (dinner knife)
 - 4 oz. (tuna can)
 - 8 oz. (soup can)
 - 1 lb. weight
 - 2 lbs., 3 lbs., etc.
 - Goals:
 - Overhead athlete: 3-5 lbs x 50 reps.
 - General rehab candidate: 1-3 lbs x 30-50 reps.
 - Progress weight as tolerated -painfree. (examine with elbow at side, usually progress faster to higher weights)
- Scapular stabilization exercises -# 1-8 as tolerated
 - Particular emphasis if scapulothoracic weakness or maltracking present
 - Emphasize inferior trapezius and serratus anterior - Inhibit excessive superior trapezius

RETURN TO ACTIVITY:

- Gradual return to activity implemented once activities of daily living are painfree or a satisfactory functional capacity has been reached.
- Maintenance and continuation of isotonic strengthening exercises should be encouraged 1-2x/week for 3-6 months.

GENERAL INFORMATION:

- Emphasize improved strength via neural recruitment, tissue remodeling and correct scapular positioning.

This protocol provides you with general guidelines for the conservative rehabilitation of the patient with Impingement Syndrome (IS). The physician will make specific changes to the program as appropriate for an individual patient.