

Shoulder Impingement Syndrome

Conservative, Non-Surgical Treatment

Phase I (1 – 5 days post-injury)

- Patient Education: To avoid activities involving symptomatic shoulder elevation above 90 degrees
- Modalities: prn for pain, inflammation, and tissue healing
- ROM:
 - PROM, A/AROM in pain-free range
 - Pulleys, Pendulums, and Cane exercises
- Exercises:
 - Prone scapular stabilization exercises
 - Resisted elbow and wrist strengthening exercises
- Soft tissue mobilization to subscapularis, pec minor, and RTC insertion

Phase II (5 days – 4 weeks post-injury)

- Modalities: prn for pain, inflammation, and tissue healing
- ROM:
 - Progress PROM to WNL
 - Address pec shortening and posterior capsule tightness with appropriate stretching exercises
 - AROM to include PNF (D1/D2)
- Strengthening:
 - Isometric RTC strengthening exercises
 - Progress to light resistance exercises using free weights and therabands in ranges below 90 degrees of elevation or in 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 subscap, pec minor, and RTC insertion

Phase III (4 weeks – 10 weeks post-injury)

- 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 post-injury)

- 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.