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Shoulder Impingment Syndrome
Conservative, Non-Surgical Treatment

Phase I (1 – 5 days)
- Patient education: To avoid activities involving symptomatic shoulder elevation above 90 degrees
- ROM
    o PROM, A/AROM in painfree range
    o Pulleys, Codman's pendulum and cane exercises
- Strengthening
    o Prone scapular stabilization exercises
    o 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
    o Progress PROM to WFL
    o Address pectoralis shortening and posterior capsular tightness with appropriate stretching exercises
    o AROM to include PNF (D1/D2)
- Strengthening
    o Isometric RTC strengthening exercises
    o Progress to light resistance exercises using free weights or Theraband in ranges below 90 degrees elevation or pain free range
    o 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
    o Progressive RTC and periscapular strengthening exercises
    o 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.