

Shoulder Arthroscopy

Post-Operative Rehabilitation Protocol

A phase-by-phase guide to restoring motion and strength after shoulder arthroscopy without rotator cuff repair.

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Patient: _____

Surgery date: _____

Operative side: R / L

HOW TO USE THIS GUIDE

Your recovery moves through **four phases**. Progression is based on how your shoulder is healing and performing — **not just the calendar**. The week ranges below are typical guidelines; your surgeon and physical therapist may adjust the pace for what was found and treated in your shoulder, and their instructions always come first. This protocol is for shoulder arthroscopy **without rotator cuff repair**.
Circle the procedure(s) performed below. If you also had a distal clavicle excision or a biceps tenodesis, the matching addendum at the back of this packet applies on top of the base protocol. When two rules differ, **follow the more conservative one**.

PROCEDURE PERFORMED

Arthroscopic procedure (circle all that apply)

Debridement

Subacromial Decompression (bursectomy ± acromioplasty)

Additional procedure — also performed (circle if applicable)

Distal Clavicle Excision (Addendum A)

Biceps Tenodesis (Addendum B)

YOUR RECOVERY AT A GLANCE

Phase	Typical timing	Focus	Sling?
1 • Early Recovery	Days 0–7	Calm pain and swelling; begin gentle, pain-free motion right away	Yes — for comfort
2 • Motion Restoration	Weeks 1–4	Regain full range of motion; wean off the sling	Off by weeks 2–3
3 • Strengthening	Weeks 4–8	Rebuild rotator cuff, deltoid, and shoulder-blade strength	No
4 • Return to Activity	Weeks 8–12+	Advanced strength, lifting, overhead use, and sport	No

A QUICK WORD ON HEALING

Shoulder arthroscopy without a repair means there is no stitched tissue to protect, so recovery is guided by **pain, swelling, and motion** rather than strict restrictions. That is exactly why the shoulder can stiffen if it is not moved early — **start your gentle motion exercises right away**. Some soreness is expected and should settle quickly after exercise; it should not keep you from doing your exercises the next day. Strength and endurance keep improving for 2–3 months, and **feeling good early does not mean you are ready for heavy lifting or sport**.

Early Recovery

Calm the shoulder · sling for comfort · start gentle motion immediately

GOALS

- Control pain and swelling
- Begin pain-free shoulder motion early to prevent stiffness
- Start weaning off the sling
- Keep the incisions clean and dry

DO NOT

- Lift or carry anything heavy, push up from a chair with the operative arm, or play sports
- Use the arm repetitively overhead
- Push through more than mild-to-moderate pain during exercises
- Soak or submerge the incisions until they are fully healed

SLING: FOR COMFORT, OFF BY WEEKS 2–3

The sling is for comfort only — it is not protecting a repair. A typical weaning pattern is **most of the time for the first 3 days, about half the time through day 7**, then off by roughly 10–14 days. Some patients stay in a sling up to 2–3 weeks if that is more comfortable or your surgeon specifies it. **Take the arm out of the sling several times a day** to move the elbow, wrist, and hand.

WHAT YOU'LL DO

- **Pendulum (Codman) exercises** several times daily, starting the day after surgery or as your surgeon directs
- **Elbow, wrist, and hand motion** with grip squeezes to keep the arm moving and reduce swelling
- **Scapular setting** — shoulder shrugs and gentle shoulder-blade squeezes with the arm resting at your side
- **Gentle physical therapy** starting around days 3–4 (or as scheduled): passive and active-assisted motion in all directions as tolerated
- **Light rotator cuff isometrics** with the arm at your side, once comfortable
- **Ice 15–20 minutes** at a time, several times daily, with a cloth between ice and skin
- **Wound care:** keep the dressing in place until your first visit; you may shower after day 3 as instructed; sutures out at about 7–14 days
- Take pain medication as prescribed; staying ahead of pain makes your exercises easier

READY FOR PHASE 2 WHEN...

- Incisions are healing well with no signs of infection
- Pain is controlled and swelling is settling
- Gentle motion exercises are being done comfortably several times a day

Motion Restoration

Regain full range of motion · wean the sling · begin activation

GOALS

- Restore full passive and active shoulder motion
- Be off the sling by weeks 2–3
- Activate the rotator cuff and shoulder blade muscles
- Return to pain-free daily activities and light duty work

DO NOT

- Lift heavy objects, do push-ups, or play sports yet
- Use the arm repetitively overhead
- Place the arm in the “90/90” position (arm out to the side at shoulder height and rotated back) until weeks 4–6
- Use weights or resistance bands — only light isometrics at your side for now
- Push through sharp pain; mild-to-moderate soreness that settles quickly is expected

Motion targets	Goal
Forward flexion (arm raised in front) by end of week 4	≈ 140°
External rotation (arm at side) by end of week 4	≈ 40°
Internal rotation (hand behind back)	Gentle progression, with posterior capsule stretching
Beyond week 4	Continue toward full motion (see Phase 3)

WHAT YOU'LL DO

- **Progress motion in stages** — passive, then active-assisted, then active as tolerated
- **Pulleys, wand/cane, table slides, and doorway stretches** to regain elevation and rotation
- **Scapular strengthening** — retraction, depression, and shrugs, adding light manual resistance from your therapist
- **Rotator cuff isometrics** in all directions with the arm at your side
- **Gentle posterior capsule stretching** to restore reach behind your back and across your body (no cross-body stretch if you had a distal clavicle excision — see Addendum A)
- **Manual therapy and soft-tissue work** for the shoulder, neck, and shoulder blade as directed by your therapist
- **Walking and stationary bike** for general fitness once comfortable
- Continue icing as needed after exercise or activity

READY FOR PHASE 3 WHEN...

- Sling is off and you are using the arm for daily activities
- Motion is approaching the week-4 targets above without sharp pain
- Swelling is minimal and soreness settles quickly after exercise

Strengthening

Complete your motion · add resistance gradually · rebuild endurance

GOALS

- Reach full, pain-free active motion
- Begin progressive rotator cuff, deltoid, and scapular strengthening
- Restore shoulder endurance for work and daily tasks
- Normalize shoulder-blade movement without shrugging

DO NOT

- Lift heavy objects, do push-ups, or return to sport
- Progress resistance faster than your shoulder tolerates
- Substitute by hiking your shoulder up — stop and reduce the load or range
- Push into pain at the end of stretches — stretch to a firm pull, not pain

Motion targets	Goal
Forward flexion by end of week 8	≈ 160° or full
External rotation (arm at side) by end of week 8	≈ 60° or full
Internal rotation (behind back and at 90° of elevation)	Progressing toward full, with gentle capsule stretching
Full active motion without discomfort	Weeks 8–12

WHAT YOU'LL DO

- **Light isometrics progressing to resistance bands** as tolerated — rotator cuff external and internal rotation with a small towel roll at your side
- **Rows, scapular stabilization, and serratus work** to support the shoulder blade
- **Light dumbbell scaption and elevation** — progress above shoulder height only as comfort allows
- **Passive stretching at end range** to keep your flexibility
- **Late in this phase:** wall push-ups and light closed-chain work if cleared by your therapist
- Upper-body ergometer (arm bike) and cardio as tolerated

READY FOR PHASE 4 WHEN...

- Full or near-full pain-free active motion
- Resistance exercises are tolerated without sharp pain or compensation
- You can use the arm for everyday tasks and light work without limitation

Advanced Strengthening & Return to Activity

Heavier lifting, overhead use, and a graded return to sport

GOALS

- Full strength and endurance
- Return to heavy work, gym training, and recreation
- Confidence using the shoulder overhead and under load

KEEP IN MIND

- Sport-specific and overhead training should be guided by your therapist
- Progress one variable at a time — weight, repetitions, or range — not all at once
- Ignore pain that lingers or builds — report it rather than pushing through

WHAT YOU'LL DO

- **Progressive resistance training** — isometrics to bands to weights, typically 8–12 repetitions for 2–3 sets
- **Eccentric loading, closed-chain, and plyometric work** — medicine-ball passes and overhead reaches as strength allows
- **Weight-room activities phased in** — pressing and pulling lifts return gradually based on how your shoulder responds
- **Sport-specific functional progression** beginning around 2 months for most patients
- **Overhead athletes** (throwers, swimmers, tennis, volleyball) — a structured interval program, typically returning at 2–4 months

Typical return-to-activity timelines	Goal
Daily activities and light-duty work	Weeks 1–4
Strength training and gym (phased in)	From week 8
Heavy lifting and full unrestricted activity	Weeks 8–12
Overhead sports, throwing, swimming, racquet sports	2–4 months

CALL THE OFFICE RIGHT AWAY IF YOU NOTICE

- Fever over 101.5°F, or spreading redness, warmth, or drainage at the incisions
- Calf pain or swelling, chest pain, or shortness of breath (call 911 for chest pain or trouble breathing)
- Numbness or weakness in the arm or hand that does not clear within a day or so after surgery, or pain not controlled by medication
- A sudden loss of motion, or shoulder pain that is getting worse rather than better after the first weeks

If Your Surgery Included More Than Debridement or Decompression

These addenda **modify** — they do not replace — the base protocol for the procedures circled on page 1. Where an addendum is stricter, **the stricter rule wins**.

ADDENDUM A | ADDITIONAL PROCEDURE

Distal Clavicle Excision

The end of the collarbone at the AC joint (the bump on top of the shoulder) was trimmed to relieve arthritis-related pain. The AC joint needs a short period of protection from cross-body loading; everything else follows the base protocol.

Weeks 0-6 — extra rule

- **No cross-arm (cross-body) adduction for 6 weeks** — do not pull the operative arm across your chest, and your therapist will not stretch it in that direction
- This also means no cross-body posterior capsule stretch (Phase 2) until week 6
- Avoid pressing and push-up positions that load the AC joint until you are cleared in Phases 3–4

Week 6 and beyond

- **Begin cross-body stretching gradually** as comfort allows; all other sling use, motion targets, strengthening, and return-to-activity timelines follow the base protocol
- Soreness on the top of the shoulder with cross-body reaching and pressing is common and should improve steadily as you strengthen
- Report AC joint pain that is getting worse or that persists well beyond the timelines in the base protocol

ADDENDUM B | ADDITIONAL PROCEDURE

Biceps Tenodesis

The long head of the biceps tendon was detached from inside the shoulder and re-anchored to the upper arm bone. The tendon needs 8–12 weeks to heal into bone, so loading the biceps is introduced gradually. Shoulder motion follows the base protocol.

Weeks 0–6 — extra rules

- **No active elbow bending (flexion) and no resisted forearm turning (supination)** — let your other hand help bend and straighten the elbow
- Passive and assisted elbow motion, wrist and hand motion, and grip squeezes are encouraged to prevent stiffness
- Shoulder motion follows the base protocol, but avoid forceful passive stretching of the arm backward with the elbow straight until week 8
- No lifting with the operative arm; keep the arm at your side for light daily tasks only

Weeks 6–8

- Begin **active elbow flexion and forearm rotation without resistance**
- Light objects only (about 1–2 lb) with the elbow at your side; **no resisted biceps exercises yet**

Weeks 8–12

- Begin **light resisted biceps strengthening** — curls and supination — and progress gradually as tolerated
- Continue base protocol shoulder strengthening in Phases 3 and 4

Months 3+

- **Unrestricted lifting** is typically allowed by about 12 weeks, as strength and comfort allow
- Throwers and overhead athletes: return to throwing at about 3 months, mound throwing around 4.5 months, and full sport around 6 months if cleared by your surgeon

SURGEON-SPECIFIED CHANGE

Your surgeon may lengthen the elbow restriction based on tendon quality or fixation. If so: **No active elbow flexion until week _____**.
Initials: _____

QUESTIONS ALONG THE WAY?

Bring this packet to every physical therapy visit and follow-up appointment. Your therapist can note your measured motion and strength in the margins so everyone stays on the same page.

Advocate Medical Group — Orthopaedic Surgery & Sports Medicine

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This protocol is a general guideline based on current evidence and criterion-based rehabilitation principles. It does not replace individualized medical advice; the instructions of your surgeon and physical therapist always take precedence.

EVIDENCE BASE FOR THIS PROTOCOL

Published rehabilitation after these procedures consists mainly of institutional protocols and a small number of comparative studies. This protocol reflects the points on which the sources below agree; where they differ, the timeline given is the one most commonly reported.

1. Military Orthopaedics Tracking Injuries and Outcomes Network (MOTION), Uniformed Services University / Geneva Foundation. *Arthroscopic Shoulder Rehabilitation (Subacromial Decompression, Distal Clavicle Resection, or Debridement)*.
2. UNM Sports Medicine. *Post-operative Rehabilitation Protocol: General Shoulder Arthroscopy (Debridement, Subacromial Decompression, and/or Distal Clavicle Resection)*. Revised 2025.
3. Vandenbos A. *Shoulder Arthroscopy: Subacromial Decompression, Distal Clavicle Excision, Debridement — Rehab Protocol*. Pullman Regional Hospital.
4. Bollinger A. *Protocol S1: Physical Therapy Protocol for Arthroscopic Subacromial Decompression, Distal Clavicle Excision and Debridement*. Wichita, KS.
5. Preston C. *Rehabilitation Protocols: Arthroscopic Subacromial Decompression / Distal Clavicle Excision; Biceps Tenodesis*. Golden State Orthopedics & Spine.
6. Sports & Orthopaedic Specialists; Summit Orthopedics. *Subacromial Decompression Protocol*.
7. JPMC Orthopedics. *Distal Clavicle Excision rehabilitation guideline*. Updated 2025.
8. Keeling LE, et al. Early versus delayed active range of motion after open subpectoral biceps tenodesis. *Orthop J Sports Med*. 2021;9(8):23259671211026619.
9. Stewart BA. *Biceps Tenodesis Post-Op Rehab Protocol* (Shoreline Orthopaedics, 2024); Beacon Orthopaedics. *Subpectoral Biceps Tenodesis Rehabilitation Protocol*.