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## Impingement Syndrome

### Non-Operative Rehabilitation Protocol

#### Lake Cook Orthopedics

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*The intent of this protocol is to provide the clinician with a guideline for the rehabilitation course of a patient that has been diagnosed with impingement syndrome. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's course based on their physical exam/findings, individual progress, and/or the presence of complications. If a clinician requires assistance in the progression of a patient they should consult with the referring surgeon.*

Phase 1 & 2: **Time Frame:** Acute – sub-acute phase (estimate 2-4 weeks)

**Goal:** Decrease pain and inflammation

**Restrictions:** Avoid exercises that cause pain

**Treatment:** Rest, avoid activities that cause pain, patient education (avoid overhead activities). Work space ergonomics. Physician directed medical treatment: NSAID's, sub-acromial steroid injections. Ice / heat and modalities as needed.

**Exercises:** ROM, postural training, postural re-education (head and neck position, work ergonomics, scapular retraction – consider taping), isometric strengthening (rotator cuff, scapular stabilizers).

Phase 3: **Time Frame:** Recovery phase (estimate 4-12 weeks)

**Goal:** Return to full pain-free AROM, shoulder strength and endurance. Begin functional / sport specific rehab.

**Restrictions:** Avoid pain. If shoulder pain develops that does not return to baseline within 48 hours, return to early phase of rehab.

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**Treatment / Exercises:** Continue with patient education and emphasize HEP. Continue with active and passive ROM and address any IR (GIRD) deficits. Strengthening continues with increasing resistance. Initial strengthening is performed as isometrics with arms near side. As patient improves may advance to pain free exercises in impingement range (60-120° FF or ABD) with resistance. Address endurance with UBE as patient improves. Dynamic trunk and thoracic stability exercises. Once AROM and strength normalized initiate sport or work specific exercises.

Phase 4: **Time Frame:** Maintenance phase (estimate, 12+ weeks)

**Goal:** Maintain AROM and strength to avoid repeat injury. Advance functional rehab to allow return to work or sport at pre-injury level.

**Restrictions:** Avoid pain. If shoulder pain develops that does not return to baseline within 48 hours, return to early phase of rehab.

**Treatment / Exercises:** Transition to HEP (proper warm-up, stretching and strengthening). Return to cardiovascular and total body conditioning exercises. Emphasize compliance with HEP.

*\*Work: Consider independent ergonomic evaluation. For high demand occupations (i.e. manual labor), consider work conditioning program.*

*\*Athletes: Start return to throwing program / return to sport program.*