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REHAB PROTOCOL: Scapulothoracic Bursitis, Scapular Dyskinesis, Snapping Scapula

Name:	Date:
Diagnosis:	Date of Surgery:

Phase I: Pain relief and correcting scapulothoracic mechanics

Goal is to alleviate patient's pain and develop scapular control with closed chain kinetic exercises

Modalities: per therapist

Exercises

- Posture correction (correct thoracic kyphosis, forward head posture/subocciptial extension)
- Positional control of scapula (maintain scapular retraction and posterior tilt)
 - o Focus on scapular retraction and avoid scapular protraction
 - o Correct tightness of pectoralis minor and conjoint tendon
 - Exercises to activate lower trapezius to reestablish upper-lower trapezius force couple
 - Exercises to activate Serratus anterior
 - o Posterior capsular stretching for any posterior capsular tightness
- Active range of motion of Shoulder
- Scapular stabilization exercises (closed chain scapular exercises)- low load with arm below the shoulder level
- Core strengthening

Phase II: Strengthening of Shoulder girdle muscles

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Exercises

- Isometric exercises for scapular and rotator cuff strengthening
- Isotonic exercises with theraband, followed by light weights for scapular and rotator cuff strengthening
- Endurance eccentric strengthening exercises of Scapular muscles (lower intensity but higher volume)

Precautions

• If patient is having worsening crepitus/snapping with a particular exercise, please avoid that exercise and make a mention of it your assessment note.

Modalities

- ♦ Heat and Ice
- ♦ Ultrasound
- ◊ Iontophoresis
- ♦ Phonophoresis
- ♦ Therapists' discretion
- ♦ TENS
- ♦ Trigger point massage

Evaluations and Other

- ♦ Teach home exercise program
- ♦ Functional capacity evaluation
- ♦ Work Hardening/Work Conditioning

Comments:

Frequency:	2 times per week	Duration: 12 weeks
Signature:		Date: