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SHOULDER IMPINGEMENT Treatment Guidelines

Introduction

- **Goal:** Regain painfree ROM by re-establishing proper shoulder mechanics, improving rotator cuff strength, increasing the shoulders flexibility, and decreasing subacromial inflammation.
- The vulnerable position of the shoulder is typically abduction above 90 degrees and internal rotation.
- Treatment duration should be approximately 2 months.
- A home exercise program should be taught.

Treatment Options

- Modalities - use as necessary to decrease inflammation and joint stiffness. Most helpful in acute to subacute stages.
 - Iontophoresis
 - Phonophoresis
 - Ultrasound
 - TENS
- Mobilizations – manual therapy as indicated by therapist evaluation.
- Flexibility and ROM – manual stretching using pulleys, towel, cane, Plyoball etc.
- Strengthening – Rotator cuff and scapular stabilizers. Perform only within pain free arc of motion. During the first three weeks, strengthening should only be IR/ER with elbow at side.
 - Advance with gym program as acuity decreases.
 - Modify lifting techniques
 - Lift to front of head – lat pulldowns, military press
 - Avoid deep bench press movements
- Ergonomic – evaluate work environment to prevent positions that would exacerbate shoulder impingement.
 - Avoid prolonged overhead activity.
 - Avoid heavy or repetitive lifting with involved shoulder.

A handwritten signature in purple ink, appearing to read "J. K. Lowry".

Jason K. Lowry, MD