

SHOULDER MANIPULATION UNDER ANESTHESIA (MUA) POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 2	EXERCISE PROGRESSION <ul style="list-style-type: none"> • Ice and modalities to reduce pain and inflammation. • Cervical ROM, basic deep neck flexor activation (chin tucks) • Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance. • Gradual introduction to internal rotation shoulder extensions (stick off back). • Active elbow, hand and wrist range of motion. • Active shoulder retraction. • Walks, low intensity cardio exercise to promote healing MANUAL INTERVENTION <ul style="list-style-type: none"> • STM – global shoulder and CT junction. Graded GH mobilizations. ST mobilizations. 	<ul style="list-style-type: none"> • Reduce inflammation • Decrease pain • Progress to full ROM • Postural education • Sling comfort only
PHASE II	2 to 4-6	EXERCISE PROGRESSION <ul style="list-style-type: none"> • Progress to full range of motion using a combination of passive and active ROM strategies. • Serratus activation; Ceiling punch (weight of arm) may initially need assistance. • Scapular strengthening – prone scapular series (rows and l's). Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Sub-maximal isometrics. • Cervical ROM as needed to maintain full mobility. • DNF, proper postural positioning with all RC/SS exercises. • Low/moderate cardio work; Elliptical okay, no running. MANUAL INTERVENTION <ul style="list-style-type: none"> • STM – global shoulder and CT junction. Scar tissue mobilization when incisions are healed. Graded GH mobilizations. ST mobilizations. Gentle sub-maximal isometrics to achieve ROM goals. 	<ul style="list-style-type: none"> • Discontinue sling as instructed. • Postural education. • Full ROM all planes.
PHASE III	4-6 to 12	EXERCISE PROGRESSION <ul style="list-style-type: none"> • Continue combined P/AROM program to push full ROM. • Internal rotation with thumb up back and sleeper stretch. • Continue with ceiling punch adding weight as tolerated. • Sub-maximal rotator cuff isometrics (no pain). • ER/IR isotonic at 0°. • Active ER at 90° adding resistance as able. • Advance prone series to include T's and Y's as tolerated. • Add seated rows and front lat pulls. • Biceps and triceps PRE (6-8 weeks BR and BT). • Scaption; normalize ST arthrokinematics. • CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position. • Supine progressing to standing PNF patterns, with resistance as appropriate. MANUAL INTERVENTION <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. CR/RS to gain ROM while respecting repaired tissue. Manual perturbations. PNF patterns. 	<ul style="list-style-type: none"> • Full AROM • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression.

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PHASE IV	12 to 24	<p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Full range of motion all planes – emphasize terminal stretching. • Advance strengthening at or above 90° with prone or standing Y's and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives determine. • Gym strengthening program; gradual progression with pressing and overhead activity. • Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate. • Continue with closed chain quadruped perturbations; add open chain as strength permits. • Initiate plyometric and rebounder drills as appropriate. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. <p>CRITERIA FOR RETURN TO PLAY</p> <ul style="list-style-type: none"> • Progress RC and scapular strengthening program. • Advance gym strengthening program. • RTS testing for interval programs (golf, tennis etc.) using microfet dynamometer. • Follow-up examination with the physician (4-6 months) for release to full activity. 	<ul style="list-style-type: none"> • Begin RTA progression. • Evaluation with physician for clearance to full activity.