



Shoulder Glenohumeral Osteoarthritis Rehabilitation Protocol

This protocol for shoulder glenohumeral osteoarthritis aims to reduce pain and inflammation, improve range of motion, and strengthen the shoulder to help reduce symptoms and improve function. This condition involves inflammation of the shoulder joint due to chronic degeneration of the joint cartilage.

Phase 1: Acute Phase (Pain Management and Symptom Reduction)

- **Goal:** Reduce pain and inflammation.
 - **Duration:** 1-2 weeks or until acute pain decreases.
1. **Rest:** Avoid activities that exacerbate pain, especially overhead activities or heavy lifting.
 2. **Ice Therapy:** Apply ice to the shoulder for 15-20 minutes every 2-3 hours to reduce inflammation.
 3. **Gentle Passive Range of Motion (ROM):** Gentle movements within a pain-free range to maintain mobility. Avoid forceful stretching. May consider pendulums and shoulder rolls.
 4. **Isometric Exercises:** Begin with gentle isometric exercises (muscle contractions without moving the joint) to maintain muscle tone without aggravating the tendon.

Phase 2: Subacute Phase (Flexibility and Strength Building)

- **Goal:** Improve flexibility and start building strength.
 - **Duration:** 2-6 weeks, depending on progress.
1. **Stretching Exercises:** Gentle stretching for the shoulder to improve flexibility. Perform within a pain-free range.
 2. **Strengthening Exercises:** Begin with low-resistance exercises focusing on the rotator cuff and scapular stabilizers. Examples include internal and external rotation with a resistance band and scapular Controlled Articular Rotations (CARs)
 3. **Continue Passive and Active ROM Exercises:** Increase the range as tolerated without pain.

Phase 3: Advanced Strengthening and Return to Activity

- **Goal:** Restore full strength and integrate into functional activities.
 - **Duration:** 6-12 weeks, progressing based on individual response.
1. **Advanced Strengthening Exercises:** Increase resistance for exercises gradually, focusing on the entire shoulder complex and upper extremity.
 2. **Plyometric and Functional Exercises:** Begin light plyometric exercises (if appropriate) and functional activities that mimic daily or sport-specific tasks.
 3. **Sport-Specific Drills:** If applicable, gradually reintroduce sport-specific activities, starting with low-impact drills and gradually increasing intensity.
 4. **Education:** Teach proper techniques for lifting, posture, and sports to prevent recurrence.



- **Pain Management:** Continue to manage pain as needed with ice, heat, or non-steroidal anti-inflammatory drugs (NSAIDs).
- **Monitor Symptoms:** Adjust activities based on pain and inflammation, avoiding activities that exacerbate symptoms.
- **Guidance from the Physical Therapist:** Regular check-ins with a physical therapist to adjust the program as needed based on progress and pain levels.

It's critical to progress through these phases based on symptom resolution and functional improvement, rather than a strict timeline. Communication between the patient and the therapist is essential to ensure the protocol is appropriately tailored to the individual's needs and progress.