
Rehabilitation Protocol for Scapular Dyskinesia

GOAL:

1. Achieve full and appropriate scapular motion and coordinate that motion with complementary trunk and hip movements.

POINTS OF EMPHASIS:

1. Function, rather than time, determines a patient's progress through this protocol.
2. Hip and Trunk motions are the foundation necessary to achieve appropriate scapular motion.

PROTOCOL:

ACUTE PHASE (0 to 3 weeks)

1. Avoid painful arm movements and positions and establish scapular motion by proximal facilitation (i.e. hip and trunk motions).
2. Begin soft-tissue mobilization and assisted stretching if muscular inflexibility is limiting motion. (active, active-assisted, passive, and proprioceptive neuromuscular facilitation stretching techniques)
 - a. Pectoralis minor
 - b. Levator scapulae
 - c. Upper trapezius
 - d. Latissimus dorsi
 - e. Infraspinatus
 - f. Teres Minor
 - g. Supraspinatus
 - h. Subscapularis
3. Begin closed kinetic chain exercises at low levels of abduction and external rotation and progress to 90 degrees abduction as tolerated.
 - a. Upper extremity weight shifting
 - b. Wobble board exercises
 - c. Scapular clock exercises
 - d. Rhythmic ball stabilization
 - e. Weight bearing isometric extension

4. Initiate scapular motion exercises without arm elevation.
 - a. Use trunk flexion and trunk medial rotation to facilitate scapular protraction
 - b. Use trunk extension, lateral trunk rotation, and hip extension to facilitate scapular retraction.
5. Include arm motion with scapular motion exercises as the scapular motion improves.
 - a. Initially keep arm close to body to minimize intrinsic load.
 - b. Start with “low row” □ trunk/hip extension, scapular retraction, and arm extension

RECOVERY PHASE (3 to 8 weeks)

1. Initiate greater loads with closed kinetic chain exercises. (Increase the level of elevation of closed kinetic chain exercises as scapular control improves)
 - a. Wall pushups
 - b. Table pushups
 - c. Modified prone pushups
2. Add arm elevation and rotation patterns to scapular motion exercises as tolerated.
 - a. If intrinsic loads are too great with active elevation then use axially loaded active range-of-motion exercises (i.e. hand wall slides) as transition exercises.
3. Begin kinetic chain cable exercises using hip and trunk extension with scapular retraction as well as hip and trunk flexion with scapular protraction.
 - a. Vary angles of pull and planes of motion to reproduce appropriate scapular functions.
4. Start lunges with dumbbell reaches to emphasize kinetic chain timing and coordination.
 - a. Vary level of arm elevation and degree of elbow flexion in the standing or return position to increase functional demand on the scapular muscles. (AVOID SCAPULAR COMPENSATIONS SUCH AS WINGING OR SHRUGGING)

MAINTENANCE PHASE (6 to 10 weeks)

Begins when good scapular control and motion seen throughout full range of shoulder elevation.

1. Initiate plyometric (dynamic stretch-shortening) exercises
 - a. Medicine ball toss and catch
 - b. Tubing plyometrics
2. Overhead dumbbell presses and punches in various planes

This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.