

Shoulder Arthroscopy – Rehabilitation Protocol

This protocol covers the rehabilitation after a simple or diagnostic shoulder arthroscopy with Dr Kieran Hirpara at Mater Private Hospital Rockhampton – keyhole surgery where the joint was inspected, washed out or tidied up (debrided), with nothing repaired. Because no repair needs protecting, this is one of the quickest shoulder operations to recover from: the aim is early movement and a prompt return to normal life. Bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated.

This protocol applies when the arthroscopy involved no repair – debridement, washout or diagnostic assessment only. If something was repaired, decompressed or stabilised during your arthroscopy, follow the protocol for that procedure instead – for example, the [rotator cuff repair protocol](#) if your rotator cuff was repaired. If you are not sure what was done, check your operation note or ask the rooms before progressing.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

After an arthroscopy with no repair there is nothing inside the shoulder that needs protecting, so there are no strict movement restrictions – your shoulder is moved early and progressed on comfort, not on the calendar. A sling is provided for comfort only: most people use it for the first day or two and are out of it completely within the first week. Do not drive while you are wearing the sling.

The journey at a glance:

- **Phase I – Early movement and settling** – roughly the first two weeks
- **Phase II – Restoring full movement and starting strength** – week 2–6
- **Phase III – Return to full activity** – week 6 onwards

Most people are back to desk-based work within a few days to a week, and back to driving within one to three weeks once the sling is off, pain has settled and they are confident controlling the car. Heavier manual work and sport typically take longer – usually somewhere between six and twelve weeks depending on the demands on the shoulder. The shoulder often stays mildly achy for some weeks while the joint settles; this is normal and improves as movement and strength return.

Phase I – Early movement and settling (Week 0–2)

The first two weeks are about letting the shoulder settle while keeping it moving. Use the sling only while it is helping with comfort – typically the first day or two – and leave it off as much as possible; you do not need to sleep in it. Move your hand, wrist and elbow freely from the start, and use the arm for light everyday tasks such as eating, washing and dressing as comfort allows. Gentle shoulder movement starts straight away: pendulum exercises and assisted movements progressing to active movement as the shoulder allows. Ice and simple pain relief help keep the exercises comfortable. Your wound dressings are splash-proof rather than waterproof – keep them dry where you can, and they can come off about ten to twelve days after surgery.

For your physiotherapist:

Goals

- Settle pain and swelling
- Early range of motion progressing from assisted to active as tolerated
- Independence with light activities of daily living
- Wean from the sling within the first days

Management

- Sling for comfort only – encourage weaning over the first days and discontinuation within the first one to two weeks at the latest
- Pendulum exercises; active-assisted range of motion (pulley, cane or wand) progressing to active range of motion in all planes as tolerated
- Free movement of the hand, wrist and elbow; grip work as comfortable
- Scapular setting and postural work
- Gentle rotator cuff and deltoid isometrics as comfort allows
- Cryotherapy and analgesia to support the exercise program

Precautions

- No driving while wearing the sling
- Movement is progressed on comfort – sharp or lingering pain means easing back, not pushing through
- Keep the dressings dry until removed at around 10–12 days; report excessive redness or discharge

Criteria to progress

- Out of the sling and comfortable with light daily activities
- Pain settled enough to work on range of motion actively

Phase II – Restoring full movement and starting strength (Week 2–6)

With the shoulder settling, the focus turns to regaining full movement and beginning strengthening. Active movement is progressed in all directions towards full range, and resistance work starts gently – isometric holds progressing to elastic-band exercises for the rotator cuff and shoulder blade muscles as comfort allows. Most people return to desk-based work in the first week or two if they have not already, and to driving once the sling is off, pain has settled and they feel confident to control the car in an emergency – typically within one to three weeks of surgery. Lighter recreational activities resume during this phase as guided by your physiotherapist.

For your physiotherapist:

Goals

- Full, or near-full, active range of motion in all planes
- Begin graduated strengthening of the rotator cuff and scapular stabilisers
- Return to normal daily activities, work and driving

Management

- Progress active range of motion in all planes towards full; typical interim targets are forward flexion beyond 140–160° and external rotation beyond 40–60°
- Progress from isometrics to elastic-band rotator cuff work (internal and external rotation near neutral), advancing as tolerated
- Scapular strengthening – shrugs, retraction, protraction and depression work progressing to resistance
- From around week 4, light isotonic strengthening with low weights and higher repetitions as comfort allows
- Manual therapy and stretching for any residual capsular tightness, including posterior capsule stretching where indicated

Precautions

- Strengthening stays within the comfortable range and should not provoke pain that lingers afterwards
- Build loaded rotation in abduction (90/90 positions) gradually – introduce once neutral rotation work is comfortable
- Avoid heavy lifting and forceful overhead work while strength returns

Criteria to progress

- Full or near-full active range of motion with minimal pain
- Band and light-weight strengthening tolerated without flare-up

Phase III – Return to full activity (Week 6 onwards)

The final phase is a graduated return to heavier lifting, manual work, gym training and sport. Conventional weight training can usually restart from about six weeks, beginning light and progressing steadily, and overhead or contact sport typically resumes somewhere between six and twelve weeks depending on the sport and how the shoulder is performing. The benchmark for finishing rehabilitation is a comfortable shoulder with full movement and confident strength – most people are back to everything they want to do by about three months, and any residual aching continues to settle beyond that.

For your physiotherapist:

Goals

- Full, pain-free range of motion
- Restoration of strength, endurance and confidence for work and sport
- Graduated return to heavy manual work, gym training and sport

Management

- Progress to conventional resistance training from around week 6, advancing from machine to free weights as control allows
- Eccentric and closed-chain work as tolerated
- Sport-specific conditioning, including a staged throwing or overhead program where relevant
- Limit heavy rotator cuff strengthening to around three sessions per week to avoid overload tendinopathy

Precautions

- Progression remains symptom-guided – pain that builds with load or lingers afterwards means stepping the load back
- Return to contact or overhead sport waits for full, pain-free range and adequate strength

Criteria to progress

- Full, pain-free range of motion with strength comparable to the other side for the intended activity
- Sport- or work-specific tasks performed without provocation

After your protocol

The phases above are adapted from published rehabilitation protocols for simple and diagnostic shoulder arthroscopy – Dr Jorge Chahla (Rush University Medical Center), Dr Benedict Nwachukwu (Hospital for Special Surgery), Dr Blake Obrock (orthopaedic sports medicine, Amarillo) and the Royal National Orthopaedic Hospital's patient guide to diagnostic shoulder arthroscopy. The week ranges are typical rather than fixed, and your rehabilitation is guided individually by your physiotherapist, working with the practice, based on how

your shoulder recovers. This page works alongside the practice's general recovery advice – see [managing post-operative pain](#) and [wound care](#). For the operation itself, see [shoulder arthroscopy](#).

REFERENCES

1. Chahla J. Shoulder Arthroscopy Debridement – Rehab Protocol. Rush University Medical Center.
2. Nwachukwu BU. Post-Operative Shoulder Arthroscopy Debridement Rehab Protocol. Hospital for Special Surgery.
3. Obrock B. Post-operative Rehabilitation Protocol – General Shoulder Arthroscopy (Debridement, Subacromial Decompression, and/or Distal Clavicle Resection).
4. Royal National Orthopaedic Hospital. A Patient's Guide to Diagnostic Shoulder Arthroscopy.