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Rehabilitation Instructions:

Scapular Dyskinesia (Nonoperative Treatment)

Instructions:

- Throughout, active range of motion is the goal with a focus on stretching of the posterior capsule and pectoralis minor
- Consider incorporating postural education with dual mirror therapy to provide visual feedback on scapular kinetics, taping as needed
- No specific motion or strengthening restrictions
- Strengthening for the scapular stabilizers, specifically the rhomboids, lower and middle trapezius, levator, and serratus anterior
 - Examples
 - Prone horizontal abduction in neutral rotation and external rotation
 - Supine serratus anterior punches
 - Standing scapular retractions against resistance bands
 - Standing table lifts with scapular retraction
 - Push-ups onto the wall
 - Side-lying neuromuscular control drill (with resistance)
 - Prone rowing with dumbbells
 - Pectoralis minor and posterior capsular stretching
 - Adducted and abducted internal and external rotational strengthening
 - Core strengthening (planks) if shoulder is pain free during above exercises
- Begin with isometric exercises before progressing to closed chain exercises and then to open chain isotonic
 - Examples
 - Prone rowing
 - Prone horizontal abduction on a ball in “I”, “W”, “T”, and “Y” formations
 - Standing table lifts with retraction and external rotation
 - Push-ups onto a ball (table)
 - Push-ups onto two plyoballs onto the wall
 - Side-lying neuromuscular control drills with and without resistance
 - Core strengthening (planks)
- **Home exercise program:** Please provide with a home exercise program (emphasis on scapular retraction, resisted shoulder horizontal abduction, and resisted shoulder external rotation)
- **Modalities:** Heat, massage, pain medications (NSAID) before exercises and ice after