Postoperative Clinical Presentation – PROM Stage of Recovery

Patients are apprehensive, in pain and subsequently fearful. The most therapeutic intervention we can offer our patients, beginning day one of allowed PROM, is the capacity to self-relieve their own pain and subsequently be able to truly rest as to promote healing.

Limiting Factors of Traditional Therapeutic Methods

Clinical Reality of Pendulum Exercises:
- Contraindicated when associated with comorbidities of LBP, BP issues, and risk for falling
- For an apprehensive person in pain they are next to impossible to produce passively
- Potential disruption of surgical repair when produced actively or with excessive motions
- Absence of either a healing or rehabilitative influence


Mechanism of motion, imparting a therapeutic influence: Proprioceptive capacity of differentiating the humeral head within the glenoid socket restores a balanced resting tone of the entire shoulder girdle. Recovering this natural physiological condition combined with passive range of motion supports natural induced healing via:

- Oxygenated blood reaching the site of healing
- Resolution of prolonged swelling, preventing motor inhibition and muscular atrophy
- Self-initiated natural pain relief, supporting decreased medication use and restorative sleep
- Prevention of adhesion formation
- Mechanically and reflexively supports an un-weighted arm, removing deleterious forces to the site of repair
- Restores reflexive preparatory motor excitability

“I’ve used this with patients that I have either manipulated the shoulder for capsulitis or performed an arthroscopic capsular release. For this, as well as my cuff problems, it has been a very cost-effective and useful appliance for me to use. My experience has been uniformly pleasing in terms of accelerating the rehab while protecting the repair.”

R. Michael Gross, M.D. NEBR-D92370 20
Limiting Factors of Traditional Therapeutic Methods
Clinical Reality of Rigid Bars and Pulleys

- Requirement of gripping with involved hand promotes proximal motor substitutions
- For a weakened rotator cuff, attempts to restore the role of its force couple are promotional of compensatory biomechanics
- Compensatory biomechanics are ultimately patho-mechanical, i.e. SA impingement and respective complications

The effect of limb support on muscle activation during shoulder exercises.

When Post-Surgical Presentation Reflects Pre-Surgical History
Despite a successful surgical repair of a Rotator Cuff... a patient often preserves multiple pre-surgical impairments post-surgically, including:
- Compensatory or substitutive motor patterns
- Foundationally weak shoulder girdle muscles
- Tone imbalances, including hyper tonic spasms to inhibition muscular atrophy
- Postural - mechanical imbalances
- Restrictive shoulder girdle accessory mobility

Thus the healing requirements of the post-surgical repair and the remaining patho-mechanical condition exist in a symbiotic relation. Restoring optimal movement health to the most dynamic joint and muscular system within the human body does not mix well with further substitutions. The UE Ranger® designed to support graded progressions of natural upper extremity movement fosters a dedicated attention to each subtle contribution and ultimately to the coordinative system.

Return to Full Motion:  
Cane 5.2 ± 1.3 weeks  
UE Ranger 3.0 ± 1.3 weeks  
P = 0.01

Return to Full Activity:  
Cane 9.7 ± 4 weeks  
UE Ranger 4.8 ± 1.2 weeks  
P = 0.006

The UE Ranger.

Cincinnati Sportsmedicine Research and Education Foundation
Sue D. Barber-Westin • Thomas N. Lindenfeld, MD • Michael McCormack, PT

Athletic Training 2012; 4 (1) 21-28 Comparing two devices used to regain full range of motion following arthroscopic subacromial decompression for shoulder impingement.

INSURING YOUR SURGICAL EXCELLENCE IS REVEALED IN A FULL RECOVERY