



ARTHROSCOPIC SUBACROMIAL DECOMPRESSION WITH OR WITHOUT EXCISION OF DISTAL CLAVICLE

POD 1

1. Elbow, wrist and hand AROM (EWH)
2. Supine passive forward elevation in plane of scapula (PFE) to tolerance
 - a. 10-20 reps, 2 x day
3. Supine passive external rotation (PER) to tolerance
 - a. T-stick in 0-20 degrees flexion and 20 degrees abduction
 - b. 10-20 reps, 2 x day
4. C-spine AROM
5. Ice
6. Positioning full time in sling until block has worn off
7. Shoulder shrugs and retractions (no weight)
8. ***Pain control modalities PRN
9. D/C sling as tolerated
10. Slowly Achieve full PROM in all planes
11. Complications/Cautions:
 - a. If pain level is not dissipating, decrease intensity and volume of exercises.
 - b. Assure normal neurovascular status

Weeks 1 to 4

1. Heat/ice PRN to help obtain motion
2. D/C sling as comfortable
3. Achieve PROM goals to full in FE
4. Achieve PROM goals in ER at 20 deg and 90 deg abduction to full
5. Initiate posterior capsule stretching
6. Isometrics, keeping elbow flexed to 90 degrees
 - a. Sub maximal, pain free
7. Theraband scapula retractions
8. ***Aquatics
9. ***Mobilizations PRN

- 10.***Trunk stabilization/strengthening
- 11.Start AAFE and progress to AFE
- 12.Start periscapular strengthening
 - a. Very low weight and high repetitions
- 13.Cautions:
 - a. Do not initiate rotator cuff strengthening until 3-4 weeks and until night pain has subsided and overall pain level is low

Weeks 4 to 8

1. Continue as above
 2. ROM should be full in all planes
 3. Progress isometrics
 4. Advance scapula strengthening
 5. ***Mobilizations PRN
 6. ***Aquatics for strengthening
 7. ***CKC activities for dynamic stability of scapula, deltoid and cuff
 8. ***Trunk stabilization/strengthening
 9. ***Light PNF D1, D2 and manual resistance for cuff/deltoid/scapula
 - a. Rhythmic stabilization or slow reversal hold
 - 10.Initiate theraband ER and IR strengthening
 - 11.Progressive serratus anterior strengthening
 - a. Isolated pain free, elbow by side
 - 12.Progress to isotonic dumbbell exercises for deltoid and supraspinatus
- 13.Cautions:**
- a. Assure normal scapulohumeral rhythm with AAFE and AFE
 - b. Strengthening program should progress only without signs of increasing inflammation
 - c. Strengthening program should emphasize high repetitions, low weight and should be performed a maximum of 2 x day

Phase III: (Return to activity/advanced conditioning)

Goals: Normalize strength, endurance and power
Return to full ADL's and recreational activities

Month 2 to 6

1. Stretching PRN
2. Continue deltoid/cuff/scapula strengthening as above with the following progressions:
 - a. Prone isotonic strengthening PRN
 - b. Decreasing amounts of external stabilization provided to shoulder girdle
 - c. Integrate functional patterns

- d. Increase speed of movements
 - e. Integrate kinesthetic awareness drills into strengthening activities
 - f. Decrease in rest time to improve endurance
3. May begin tennis ground stroke/batting/return to golf after completing strengthening progression
 4. ***Progressive CKC dynamic stability activities
 5. ***Impulse
 6. ***Initiate isokinetic strengthening
 7. ***Mobilizations PRN
 8. ***Trunk stabilization/strengthening