TWIN CITIES ORTHOPEDICS

Brian Bjerke, MD

Arthroscopic Subacromial Decompression, Distal Clavicle Excision, Biceps Tenotomy/Biceps Tenodesis

Post-Operative Protocol

Phase I – Maximum Protection; Passive ROM (Weeks 0 to 2):

- Goals:
  - Reduce inflammation
  - Decrease pain
  - Postural education
- Restrictions/Exercise Progression:
  - Sling for 2-4 weeks per physician instructions
  - Ice and modalities to reduce pain and inflammation
  - Cervical Rom and basic deep neck flexor activation (chin tucks)
  - Active hand and wrist ROM
  - Active shoulder retraction
  - Shoulder PROM progression
  - PROM at elbow with biceps tenodesis x6 weeks
  - AAROM at elbow with biceps tenotomy
  - Encourage walks and low intensity cardiovascular exercises to promote healing
- Manual Intervention:
  - Soft tissue massage- global shoulder and CT junction
  - Graded GH mobilizations
  - ST mobilizations
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Phase II – Progressive Stretching and Active ROM (Weeks 2 to 4-6):

- Goals:
  - Discontinue sling as instructed
  - Postural education
  - Begin AROM- full all planes
- Exercise Progression:
  - Progress to full range of motion flexion and external rotation as tolerated
    - Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.

- Gradual introduction to internal rotation shoulder extensions (stick off back)
- Serratus activation; ceiling punch (weight of arm) may initially need assistance
- Scapular strengthening – prone scapular series (rows and l's)
  - Emphasize scapular strengthening under 90°
- External rotation on side (no resistance)
- Sub-maximal isometrics
- Cervical ROM as needed to maintain full mobility
- DNF and proper postural positioning with all RC/SS exercises
- Low to moderate cardiovascular work
  - May add elliptical but no running until 6 weeks

- Manual Intervention:
  - Soft tissue mobilization- global shoulder and CT junction
  - Scar tissue mobilization
  - Graded GH mobilization
  - ST mobilization
  - Gentle CR/RS for ROM and RC-SS activation

Phase III – Advanced Strengthening (Weeks 4-6 to 12):

- Goals:
  - Full AROM
  - Normalize GH/ST arthro-kinematics
  - Activate RC/SS with isometric and isotonic progression
- Exercise Progression:
  - Continue with combined passive and active program to push full ROM
  - Internal rotation with thumb up back and sleeper stretch
  - Continue with ceiling punch adding weight as tolerated
  - Sub-maximal rotator cuff isometrics (no pain)
  - Advance prone series to include T's and Y's as tolerated
  - Add seated rows and front lat pulls
  - Biceps and triceps PRE (6-8 weeks BR and BT)
  - Scaption; normalize ST arthro-kinematics
  - CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated
    - Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position
  - Supine progressing to standing PNF patterns, with resistance as appropriate
- Manual Intervention:
  - STM and Joint mobilization to CT junction, GHJ and STJ as needed
  - CR/RS to gain ROM while respecting repaired tissue
  - Manual perturbations
  - PNF patterns

Phase IV – Advance Strengthening and Plyometric Drills (Week 12):

PRE/PSE:

- Full range of motion all planes – emphasize terminal stretching
- Advance strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit
    - Patient health, physical condition and goals/objectives determine
- Gym strengthening program; gradual progression with pressing and overhead activity
- Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate
- Initiate plyometric and rebounder drills as appropriate

Return to Sports Program (Weeks 16-24):

- Continue to progress RC and scapular strengthening program
- Continue with closed chain quadruped perturbations; add open chain as strength permits
- Advance gym strengthening program
- RTS testing for interval programs (golf, tennis etc.) using microfet dynamometer
- Follow-up examination with the physician (4-6 months) for release to full activity

- Manual Intervention:
    - STM and Joint mobilization to CT junction, GHJ and STJ as needed
    - CR/RS to gain ROM while respecting repaired tissue
    - Manual perturbations
    - PNF patterns

*Please feel free to contact Dr. Brian Bjerke's office with any questions or concerns. Dr. Bjerke's care coordinator Andria Larson is available by phone at 952-456-7095.