

Rehabilitation Protocol

Shoulder Arthroscopy Subacromial Decompression & Distal Clavicle Excision

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Post-Op Appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

PHASE I (WEEKS 0 – 4)

Immobilization

- **1-2 WEEKS as needed:** Sling should be worn continuously for at least 1 day and should only be taken off for exercises and showering.
- **1 WEEKS:** begin weaning out of sling.

Rehabilitation Goals

- Reduce pain and swelling in the post-surgical shoulder
- Regain full PROM and begin AAROM
- Activation of the stabilizing muscles of the gleno-humeral (GH) and scapula-thoracic joints.

Precautions

- Avoid activities that may impinge on the denuded bone of the acromion
- Use sling as needed for comfort after 1 weeks.
- Relative rest to reduce inflammation

Therapeutic Exercise

- Begin post operative passive stretches (forward flexion/external rotation) following **WEEK 1** post operative visit.
- Codman's, pulleys, cane (options per patient basis)
- Gentle shoulder mobilization
- Hand gripping
- Elbow, forearm, and wrist AROM
- Cervical Spine and scapular AROM
- Postural exercises
- Rotator cuff isometric strengthening

Cardiovascular Fitness

- Walking, stationary bike
- Avoid running and jumping due to the forces that can occur at landing

Progression to Phase II

- The patient can progress to phase II when they have achieved full PROM and normal (5/5) strength for internal rotation/external rotation with arm at side.

PHASE I (WEEKS 5 – 9)**Rehabilitation Goals**

- Controlled restoration of AROM
- Strengthen shoulder and scapular stabilizers in protected position (0-45 abduction)
- Begin proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions

Precautions

- Avoid repetitive overhead activities
- Post-rehabilitation soreness should alleviate within 12 hours of the activities.

Therapeutic Exercise

- AROM in all cardinal planes-assessing scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening
- Scapular strengthening and dynamic neuromuscular control
- Cervical spine and scapular AROM
- Postural exercises
- Core strengthening

Cardiovascular Fitness

- Walking, stationary bike, Stairmaster
- Avoid running and jumping until full ROM and full strength in neutral position due to forces that can occur at landing.

Progression to Phase III

- The patient can progress to Phase III when they have achieved full AROM at least 90% of uninvolved shoulder and can demonstrate activation of rotator cuff muscles in 0-45 degrees of abduction.

PHASE III (WEEKS 10 – 16) STRENGTHENING**Rehabilitation Goals**

- Normal 5/5 rotator cuff strength at 90 abduction and with supraspinatus testing
- Full multiplanar AROM
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks

Precautions

- Post-rehabilitation soreness should alleviate within 12 hours of the activities

Therapeutic Exercise

- Multiplane AROM focusing on scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening at 90 degrees abduction, progressing to dynamic positions.
- Scapular strengthening and dynamic neuromuscular control in overhead positions.
- Cervical spine and scapular AROM
- Postural exercises
- Core Strengthening
- (Athletes) Begin education in sport specific biomechanics with beginning program for throwing, swimming, over head racquet sports.

Cardiovascular Fitness

- Walking, stationary bike, Stairmaster, running
- Avoid swimming until normal 5/5 rotator cuff strength at 90 degrees abduction and negative impingement signs.

Progression to Phase IV

- The patient can progress to phase IV when they have achieved full multi-plane AROM (equal to uninjured side) and normal 5/5 strength for internal rotation/external rotation with the shoulder at 90 degrees abduction and full supraspinatus strength.

PHASE IV (MONTHS 4+) HOME EXERCISE PROGRAM**Rehabilitation Goals**

- Normal rotator cuff strength at 90 degrees abduction and with supraspinatus testing
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks
- Develop strength and control for movements required for work or sport.

Precautions

- Post-rehabilitation soreness should alleviate within 12 hours of the activities

Therapeutic Exercise

- Multiplane AROM with gradual increase in velocity of movement.
- Shoulder mobilization as needed
- Rotator cuff functional strengthening and sport/work specific progression (eccentric strengthening, endurance and velocity specific exercises)



- Scapular strengthening and dynamic neuromuscular control in over head positions and work/sport specific positions.
- Core and lower body strengthening
- Throwing program, swimming program, overhead specific

Cardiovascular Fitness

- Design to use work or sport specific energy systems

Progression to Discharge

- The patient may return to sport after receiving clearance from Dr. Norberg, Ryan Nelson PA-C, ATC and Therapy Staff. This will be based on meeting therapy goals and safe return to work/sport.