



Advanced Orthopedic Specialists

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Arthroscopic Subacromial Decompression/ Distal Clavicular Excision Protocol (with or without debridement)

Phase I: 0-2 weeks

- Phase 1 focuses on restoring pain-free ROM, decreasing muscle atrophy and decreasing inflammation. It is important in this stage to protect tissue healing.

Immobilization:	Sling 2-3 days following procedure per MD
ROM:	PROM, AAROM and AROM exercises per patient's pain tolerance to improve shoulder flexion, extension, scaption, IR and ER AROM for all scapular movements Unlimited cervical elbow and wrist ROM
Strengthening:	Begin with isometrics flexion and extension to neutral only, IR and ER; Progress to isotonic. Unlimited scapular, elbow and wrist progressive exercises, but avoid distraction of GHJ during bicep curls PNF scapular patterns with GH patterns as indicated and tolerated Gentle weight shifts T-band IR/ER at side
Joint mobilization/ Flexibility:	Stretching of the Upper trapezius, levator scapulae, and cervical paraspinals. Be sure to avoid inducing instability with stretching Manual mobilizations PRN Self mobilization for inferior distraction
Modalities:	For pain control stress use of ice in home. Use of e-stim as necessary.
Precautions:	Avoid impingement activities especially abduction Avoid FWB activities (i.e. regular pushups) Do not overload rotator cuff

Phase II: 2-4 weeks

- Phase 2 emphasizes neuromuscular control.

ROM: Progress AAROM and AROM for flexion, extension, scaption, IR and ER

Strengthening: Progress isotonics and begin scaption and adduction exercises
Chest Press and mini military press
Body Blade
Weight shifts
Ball on wall
Plyometric wall pushups and rhythmic stabilizations
Postural exercises PRN

Joint Mobilization/
Flexibility: PRN
May begin posterior shoulder/capsule stretch
Progress from phase 1 and include pectoral stretching

Modalities: PRN

Precautions: Avoid impingement, and FWB activities

Phase III: 5 weeks +

- Phase III focuses on return to work as determined by MD and return to sports at 1-3 months from surgery.

ROM: Unlimited AROM with exception of abduction in frontal plane

Strengthening: Progress to more sports specific activities
Include eccentrics
Advance ER to positions with more scaption
Stress RC endurance
Emphasize Diagonals
Progress stabilization exercises from Phase II

Joint Mobilization/
Flexibility: PRN

Modalities: PRN

Precautions: Avoid impingement, watch for inflammation and do not overwork the RC.