



*Shoulder Arthroscopy:
Subacromial
Decompression/Debridement/Distal
Clavicle Resection Rehab Protocol*



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Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Shoulder Arthroscopy: Subacromial Decompression/Debridement/Distal Clavicle Resection

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

POST OPERATIVE MANAGEMENT

- Pain control with anti-inflammatories and ice
- Sling x4 weeks for comfort only

Weeks 0-2

- Modalities as needed
- Sling until follow up with doctor
- RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral
- Scapular ex's – elevation with shrugs, depression, protraction, retraction with manual resistance
- PROM with shoulder pulleys: Flexion to 90°, Abduction to 90°, IR to 90°, ER to 45°
- Avoid horizontal adduction stretching for 6 weeks with Distal Clavicle Resection

Week 3

- Cont. as above
- Begin AAROM ex's supine or standing with wand or wall walks
- RC ex's IR/ER with T-band or tubing with arm abducted 20-30°

Week 4

- Cont. as above
- Advance ROM as tolerated
- Begin isotonic for Core RC strengthening. Advance the weight on all ex's to 6-8lbs, 5-6 sets of 15-20 reps
 - Flexion with thumb up – arm at 90°, flex arm forward fully, 12 O'clock position
 - Abduction to 100° with thumb up -- arm at 90° in prone, abduct arm into scapular plane level with body, 2 O'clock position for right handed patients
 - Extension with arm at max ER – arm at 90° in prone, extend arm to level of body, 6 O'clock position
 - Scaption to 90° thumb pointing up, elevate arm in plane of scapula (empty can position)
 - Scaption to 60° thumb pointing down, elevate arm same as above but stop at 60°
 - Standing or Side lying ER externally rotate arm in 20-30° abduction (pillow helps with position)

Signature: _____

Date:

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- Begin isotonic for peri-scapular strengthening progress as heavy as tolerated
 - Elevation – continue with shrugs vertical motion only do not roll shoulders
 - Depression – seated press ups hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulas, (not a dip motion), use hand blocks to increase height when able
 - Protraction – supine – 2” punches – arm flexed to 90°, elbow locked, motion is from scapula as arm is “punched” forwards, use hand weights, move to push ups with a plus (push up position and perform same movement with body weight) when able
 - Retraction – prone rows arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapula pinching them together
- Proprioception ex’s – rhythmic stabilization, physioball balance ex’s etc

Week 6

- Cont. as above
- Full pain free ROM
- Begin conventional weight lifting with machine weights and progress slowly to free weights as desired
- Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able

Week 8

- Cont. with strengthening
- Begin interval throwing program if strength test passed

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician