



Jacob A. Spencer, D.O.

Kelly M. Miranda, PA-C

36101 Bob Hope Drive, Ste A1

Rancho Mirage, CA 92270

Phone (760) 972-4580

Fax (760) 972-4586

Subacromial Decompression / Distal Clavicle Excision Rehabilitation Guidelines

Phase 1: Immediate Post Surgical Phase (0-2 weeks after surgery)

Goals:

1. Restore non-painful range of motion (ROM)
2. Prevent muscular atrophy and inhibition
3. Decrease pain/inflammation
4. Improve postural awareness
5. Minimize stress to healing structures
6. Independent with activities of daily living (ADLs)
7. Wean from sling

Precautions:

- Care should be taken with abduction (with both AROM and PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided

Range of Motion:

- Pendulums
- PROM (Gentle flexion and abduction)
- Active assisted range of motion
- AROM
- Pulleys
- Cane exercises
- Self stretches: posterior capsule, upper trapezius, and pectoralis major

Strengthening:

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

Modalities:

- Cryotherapy
- Electrical stimulation and/or inferential current to decrease swelling and pain

Criteria for progression to Phase 2:

- Full active and passive ROM
- Minimal pain and tenderness

Phase 2: Intermediate Phase (2-6 Weeks)

Goals:

1. Regain and improve muscular strength
2. Normalize arthrokinematics
3. Improve neuromuscular control of shoulder complex
4. Continue to wean from sling if applicable

Precautions:

- Overhead activities
- Heavy lifting

Exercises:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular
- Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Manual Treatment:

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Modalities:

- Cryotherapy
- Electrical stimulation - interferential current to decrease swelling and pain (as indicated and/or
- needed)

Criteria for Progression to Phase 3:

- Full painless ROM
- No pain or tenderness on examination

Phase 3: Dynamic Strengthening Phase: (6 weeks and beyond)

Goals:

1. Improve strength, power, and endurance
2. Improve neuromuscular control
3. Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific
4. activities

Emphasis of Phase 3:

- High speed, high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns
- Workplace ergonomic assessment and/or work hardening program referral as needed

Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation
- (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises

Criteria for discharge from skilled therapy:

- Patient able to maintain non-painful AROM
- Maximized functional use of upper extremity
- Maximized muscular strength, power, and endurance
- Patient has returned to advanced functional activities