

Shoulder Rehabilitation Protocol: s/p SAD/Acromioplasty

Name: _____

Date of Surgery: _____

Procedure: _____

1-4 WEEKS

- Elbow A/AAROM: flexion and extension..
- Anti-Inflammatory Modalities prn.
- Wrist and gripping exercises, codman's, pendulums, pulleys, cane assistive ROM.
- Biceps / triceps isotonic
- Scapular stabilization exercises
- Cardiovascular training as tolerated at week #2
- Discontinue sling as tolerated
- Posterior capsular stretch after warm-up
- Active and active assist ROM to tolerance

4-10 WEEKS

- Continue upper extremity PREs
- Continue scapular stabilization / strengthening exercises
- IR ./ ER isotonic exercises below horizontal (emphasize eccentrics)
- Biceps PRE's
- Continue with shoulder and neck flexibility exercises
- Modalities PRN
- Functional activities begin week when muscle function allows
- Plyometrics

10-16 WEEKS

- Trunk exercises for sports specific activities (tennis, golf, skiing etc)
- Aggressive upper extremity PREs
- Plyometrics: continue and advance
- Progress PREs from side for overhead athletes

Duration: 2x/week for _____ weeks

Provider Signature: _____

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Please send progress reports.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE (321) 327-2564.