

Shoulder Arthroscopy Protocol (Subacromial Decompression with or without Distal Clavicle Excision)

**The following is an outlined progression for rehabilitation following surgery. The following are suggested time frames for progression. Proper progression through the phases of rehabilitation should be based on the individual case (i.e. age, patient history, severity of glenohumeral joint osteoarthritis, etc.). The advice of the physician, along with clinical judgment by the physical therapist. **

General Guidelines

- Control Pain and Swelling
- Restore Range of Motion
- Prevent the negative effects of shoulder immobilization
- Patient education on rehabilitation progression

POD 1 - 7

- Cervical spine AROM
- Elbow, wrist and hand AROM
- Supine passive forward elevation in plane of scapula to patient tolerance
- Supine passive external rotation to patient tolerance
- Ice treatments every 2 - 3 hours for 15 - 20 minutes for the first 48-72 hours.
- The sling may be removed for bathing (after 48 hours), typing on a computer, writing a letter, basic ADLs, no lifting greater than 2-3 lbs.
- D/C sling as tolerated - typically 3 - 5 days post-op
- Initiate submaximal shoulder Isometrics
- If pain level is not decreasing, decrease intensity and volume of exercises.

Phase I (Weeks 1 to 4)

Goals

- Achieve full PROM in all directions
- Progress to full AROM
- Minimal to no shoulder pain
- Progress with strengthening exercises
- D/C sling by week one. May continue to wear for "at risk" situations for the next 2 weeks

Suggested Exercises

- Modalities as needed for pain/inflammation
- Initiate posterior capsule stretching
- Continue with isometrics
- Initiate shoulder shrugs and retractions (begin without resistance, progressing to theraband)
- Begin AAROM, progressing to AROM exercises
- Progress to periscapular strengthening
- Initiate core strengthening
- Gentle rotator cuff strengthening at approximately 3-4 weeks (depending on patient progression)
- Before initiating rotator cuff strengthening, patient's overall post-op pain level should be low.

Criteria to progress to Phase 2

1. Minimal to no shoulder pain
2. Full AROM in all planes
3. Patient is able to tolerate initial, gentle strengthening exercises

Phase II (Weeks 4 to 12)

Goals

- Assure normal scapulohumeral rhythm with forward elevation
- Strengthening program should progress only without signs of increasing inflammation
- Minimal to no shoulder pain
- Progression to an independent home exercise program
- Return to full ADLs and return to recreational activities
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Suggested Exercises

- Continue with program from Phase I
- ROM should be full in all planes
- Advance scapula strengthening
- Begin closed kinetic chain activities for dynamic stability of scapula, deltoid, and rotator cuff
- Continue with core strengthening
- Initiate theraband ER and IR strengthening
- Progressive serratus anterior strengthening (isolated pain free, elbow by side)
- Progress to isotonic dumbbell exercises for deltoid and supraspinatus