



ARTHROSCOPIC SUBACROMIAL DECOMPRESSION PROTOCOL, DISTAL CLAVICLE RESECTION, BICEPS TENODESIS

Procedures:

- Subacromial decompression
- Distal clavicle resection
- Subpectoral biceps tenodesis

Biceps tenodesis patients should avoid resisted elbow flexion and humeral head depression for 6 weeks following surgery.

Stage I (0 to 4 weeks)

- 2-3 physical therapy visits per week
- Patient needs to wear sling during the day and sleep with sling on for 2 weeks
- Elbow flexion against gravity is allowed.
 - P/AAROM (wand exercises)/AROM program
 - Rotator cuff free weight exercises per shoulder strengthening program 4 days per week.

ALL EXERCISES PAIN FREE ONLY

1. Isotonic exercises 1-8 as tolerated - start against gravity without weights-progress as tolerated to:



- 2 oz. (butter knife)
- 4 oz. (tuna can)
- 8 oz. (soup can)
- 1# weight
- 2# weight, etc.

2. Repetitions - 25 reps before adding/progressing weights.

- Scapular stabilization exercises
- Ice following exercises
- Scar mobilization

***GOAL:** Full AROM at 4 weeks with no pain. No inflammation.

Stage II (5+ weeks)

1-2 visits/week until discharge goals met

- Progress on rotator cuff free weight program independently 4 days per week.
- Scapular stabilization exercises
- GOAL: 2-3% ideal body weight for 25 reps and maximum weight by 3 months post-op

***GOAL:**

- Return to sports or work at 1-3 months post-op without restrictions



- Return to work per M.D. without restrictions.
- 7 days/week for stretching/ice - 4 days/week for strengthening

NO INFLAMMATION!

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION PROTOCOL

(With or without distal clavicle resection)

Continued

This protocol provides you with general guidelines for the rehabilitation of the Arthroscopic Subacromial Decompression patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of the patient, the physician should be contacted.

- Isometrics - within 5 degrees of pain area in all movements if isotonics is not tolerated.
- Scapular stabilization exercises

General information

- Minimal to no pain during or after exercises
- Call M.D. if patient is not responding to treatment



This protocol provides you with general guidelines for the rehabilitation of the shoulder impingement syndrome patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of this patient, the physician should be contacted