Altru Advanced Orthopedics

Shoulder Subacromial Decompression/Distal Claivle Excision Protocol

The intent of this protocol is to provide the therapist with a guideline for the post-op rehab of a patient who has had a subacromial decompression/distal clavicle excision. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's rehab. The actual therapy plan of care must be based on the mechanism of injury, surgical approach, physical exam and findings, individual progress, any post-op complications, and/or co-morbidities. If a therapist needs assistance or has questions regarding the progression of a patient post surgically they should consult the referring surgeon.

***If concomitant Distal Clavicle Excision use caution with horizontal adduction for 6-8 weeks**

PHASE I: Weeks 0-3

Precautions:

- Avoid all impingement positions and motions
- No passive or active abduction or 90/90 ER to avoid compression of subacromial structures

Goals:

- Decrease pain and inflammation
- Restore non-painful shoulder ROM
- Activation of stabilizing muscles of glenohumeral and scapula thoracic joints

Immobilization:

- Sling for comfort 1-2 weeks, D/C after 2 weeks

Therapeutic Exercise:

1. ROM
    - Pendulums
    - PROM- flexion and abd within patient tolerance, ER and IR to tolerance with arm at side
    - AAROM- pulleys, cane/wand exercises, flex/ext, abd/add, IR/ER begin at 0° abd and gradually progress to 90° of abd
    - AROM – flexion to tolerance, without compensation
    - Self-stretches- posterior capsule stretch, sleeper posterior capsule stretch, upper trap
    - Postural corrections- increase thoracic extension, cervical retraction (as needed)
2. Strengthening
    - Shoulder isometrics
    - Isotonic: band or tubing for IR and ER at 0° of abd
    - Rhythmic stabilization – supine neutral shoulder position, progress to 90º of flexion

- Scapular stability exercises (non-impingement) scapular pinch, sternal lift, lawn mower
- Gentle axial loading, e.g., table slides, ball rolls
- Low level closed kinetic chain exercises, e.g., weight shifting, balance board
- Core stability training
- Cardiovascular training

Modalities:

- Cryotherapy prn
- Electrical stimulation to reduce pain and inflammation prn

Criteria for progression to phase II:

- **Full pain free shoulder ROM**
- **Minimal tenderness to palpation around involved shoulder**

PHASE II: 4-6 Weeks

Precautions:

- Avoid repetitive overhead activity
- No heavy lifting

Goals:

- Regain and improve muscular strength
- Correct postural dysfunction
- Improve neuromuscular control of the shoulder complex
- Normalize arthrokinematics

Therapeutic Exercise:

1. Continue with phase 1 as needed to emphasize full ROM
2. Initiate resistive training- dumbbells, theraband as control is restored, for shoulder muscles and scapular muscles
3. Strengthening scapulothoracic muscles: prone horizontal abduction with ER, extension, flexion, PNF, etc.
4. Scapular stabilization- advance level of elevation, degree of difficulty with axial loading and closed kinetic chain activities, e.g., wall push-ups, balance board, wall wash, perturbation training
5. Core training
6. Cardiovascular training

Manual Therapy:

- Joint mobilization as needed to improve arthrokinematics and/or reduce pain

Modalities:

- Cryotherapy prn
- Electrical stimulation to reduce pain and inflammation prn

Criteria for progression to phase III:

- **Full pain free shoulder ROM**
- **No tenderness to palpation around involved shoulder**

PHASE III: Weeks 6-12

Precautions:

- Progress throwing slowly

Goals:

- Improve strength, power, endurance
- Good scapulohumeral mechanics with AROM
- Prepare athlete to start to throw, begin overhead activities, prepare worker for overhead activities
    - Return to repetitive overhead activities at 10-12 weeks
    - Sport-specific or work-specific exercise if strength ≥75% involved to uninvolved and/or ER/IR ratio 2/3

Therapeutic Exercise:

1. Continue previous exercises to emphasize full shoulder ROM
2. Resistive training – concentric/eccentric loading as tolerated
    - Progress dumbbell strengthening (RTC and deltoid)
    - Progress Theraband/tubing exercise to 90/90 position for IR and ER (slow/fast sets)
3. Plyometrics for RTC- wall dribbles, ball toss, medicine ball, impulse IR/ER
4. PNF diagonal patterns
5. Progress endurance exercises to improve neuromuscular control
    - Scapular stabilization exercises- progress closed kinetic chain difficulty, e.g., Airex, Bosu, physio-ball, Body blade progression

Criteria for D/C from skilled therapy:

- **Pt maintains full and pain free AROM**
- **Pt has returned to all ADLs, and sport/work activities**
- **Pt has full functional use of UE**
- **Pt has full strength of UE**