

# Rehabilitation Protocol

## Shoulder Arthroscopy Subacromial Decompression & Distal Clavicle Excision

Frank B. Norberg, MD  
Kayla Brown, PA-C  
Georgia Mulken, PA-C  
Office: 952-946-9777  
Fax: (952)-946-9888

Post-op appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

### PHASE I (WEEKS 0-4)

#### Immobilization:

- **1-2 WEEKS as needed:** Sling should be worn continuously for at least 1 day and should only be taken off for exercises and showering.
- **1 WEEKS:** begin weaning out of sling.

#### Rehabilitation Goals:

- Reduce pain and swelling in the post-surgical shoulder
- Regain full PROM and begin AAROM
- Activation of the stabilizing muscles of the gleno-humeral (GH) and scapula-thoracic joints.

#### Precautions:

- Avoid activities that may impinge on the denuded bone of the acromion
- Use sling as needed for comfort after 1 weeks.
- Relative rest to reduce inflammation

#### Therapeutic Exercise:

- Begin post operative passive stretches (forward flexion/external rotation) following **WEEK 1** post operative visit.
- Codman's, pulleys, cane (options per patient basis)
- Gentle shoulder mobilization
- Hand gripping
- Elbow, forearm, and wrist AROM
- Cervical Spine and scapular AROM
- Postural exercises

- Rotator cuff isometric strengthening

#### **Cardiovascular Fitness:**

- Walking, stationary bike
- Avoid running and jumping due to the forces that can occur at landing

#### **Progression to Phase II**

- The patient can progress to phase II when they have achieved full PROM and normal (5/5) strength for internal rotation/external rotation with arm at side.

### **PHASE I (WEEKS 5-9)**

#### **Rehabilitation Goals:**

- Controlled restoration of AROM
- Strengthen shoulder and scapular stabilizers in protected position (0-45 abduction)
- Begin proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions

#### **Precautions:**

- Avoid repetitive overhead activities
- Post-rehabilitation soreness should alleviate within 12 hours of the activities.

#### **Therapeutic Exercise:**

- AROM in all cardinal planes-assessing scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening
- Scapular strengthening and dynamic neuromuscular control
- Cervical spine and scapular AROM
- Postural exercises
- Core strengthening

#### **Cardiovascular Fitness:**

- Walking, stationary bike, Stairmaster
- Avoid running and jumping until full ROM and full strength in neutral position due to forces that can occur at landing.

#### **Progression to Phase III**

- The patient can progress to Phase III when they have achieved full AROM at least 90% of uninvolved shoulder and can demonstrate activation of rotator cuff muscles in 0-45 degrees of abduction.

### **PHASE III (WEEKS 10-16) STRENGTHENING**

**Rehabilitation Goals:**

- Normal 5/5 rotator cuff strength at 90 abduction and with supraspinatus testing
- Full multiplanar AROM
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks

**Precautions:**

- Post-rehabilitation soreness should alleviate within 12 hours of the activities

**Therapeutic Exercise:**

- Multiplane AROM focusing on scapular rhythm
- Gentle shoulder mobilizations as needed
- Rotator cuff strengthening at 90 degrees abduction, progressing to dynamic positions.
- Scapular strengthening and dynamic neuromuscular control in overhead positions.
- Cervical spine and scapular AROM
- Postural exercises
- Core Strengthening
- (Athletes) Begin education in sport specific biomechanics with beginning program for throwing, swimming, over head racquet sports.

**Cardiovascular Fitness:**

- Walking, stationary bike, Stairmaster, running
- Avoid swimming until normal 5/5 rotator cuff strength at 90 degrees abduction and negative impingement signs.

**Progression to Phase IV**

- The patient can progress to phase IV when they have achieved full multi-plane AROM (equal to uninvolved side) and normal 5/5 strength for internal rotation/ external rotation with the shoulder at 90 degrees abduction and full supraspinatus strength.

**PHASE IV (MONTHS 4+) HOME EXERCISE PROGRAM****Rehabilitation Goals:**

- Normal rotator cuff strength at 90 degrees abduction and with supraspinatus testing
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks
- Develop strength and control for movements required for work or sport.

**Precautions**

- Post-rehabilitation soreness should alleviate within 12 hours of the activities

**Therapeutic Exercise:**

- Multiplane AROM with gradual increase in velocity of movement.

- Shoulder mobilization as needed
- Rotator cuff functional strengthening and sport/work specific progression (eccentric strengthening, endurance and velocity specific exercises)
- Scapular strengthening and dynamic neuromuscular control in over head positions and work/sport specific positions.
- Core and lower body strengthening
- Throwing program, swimming program, overhead specific

**Cardiovascular Fitness:**

- Design to use work or sport specific energy systems

**Progression to Discharge**

- The patient may return to sport after receiving clearance from Dr. Norberg, Ryan Nelson PA-C, ATC and Therapy Staff. This will be based on meeting therapy goals and safe return to work/sport.