

Manoj P. Reddy, MD

Sports Medicine & Shoulder Surgery Orthopedic Associates of Dallas 469.800.7200 office | 469.800.7210 fax DallasOrtho.com ReddyOrtho.com

SUBACROMIAL DECOMPRESSION/DISTAL CLAVICLE EXCISION* REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I 0 - 4 weeks	Passive to active range as tolerated ROM Goals: 140 ^o forward flexion, 60 ^o external rotation at side, internal rotation behind back with gentle posterior capsule stretching	0-2 weeks: sling to be worn for comfort only2-4 weeks: discontinue use of sling	Grip strengthening, pulleys/canes, elbow/wrist/hand ROM, Codman's, NO resisted motions
PHASE II 4 - 8 weeks	Increase range of motion as tolerated ROM Goals: 160° forward flexion, 80° external rotation at side, internal rotation with gentle posterior capsule stretching be- hind back and at 90 °of abduction	None	Begin light isometrics with arm at side, rotator cuff and deltoid - advance to therabands as tolerated, passive stretching at end ranges to maintain flexibility Modalities as needed

PHASE III	Progress to full motion	None	Advance strengthening as tolerated,
8 - 12 weeks	without discomfort		begin eccentrically resisted motions and
			closed chain activities

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op *If biceps tenodesis is concomitantly performed, NO biceps strengthening until 6 weeks post-operative