

Shoulder Arthroscopy: Debridement / Sub-Acromial Decompression / Distal Clavicle Resection Protocol

0-2 weeks post op

- Modalities as needed
- Sling until follow up with doctor
- RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral
- Scapular ex's – **elevation** with shrugs, **depression**, **protraction**, **retraction** with manual resistance
- PROM with shoulder pulleys
 - **Flexion to 90°**
 - **Abduction to 90°**
 - **IR to 90°**
 - **ER to 45°**
- Avoid horizontal adduction stretching for 6 weeks with Distal Clavicle Resection

3 weeks post op

- Cont. as above
- Begin AAROM ex's supine or standing with wand or wall walks
- RC ex's IR/ER with T-band or tubing with arm abducted 20-30°

4 weeks post op

- Cont. as above
- Advance ROM as tolerated
- Begin isotonics for Core RC strengthening advance the weight on all ex's to 6-8lbs, 5-6 sets of 15-20 reps
 - **Flexion with thumb up** – arm at 90°, flex arm forward fully, 12 O'clock position
 - **Abduction to 100° with thumb up**- arm at 90° in prone, abduct arm into scapular plane levels with body, 2 O'clock position for right handed patients
 - **Abduction to 45° with thumb up**- arm at 90° in prone, abduct arm level with body, 4 O'clock position for right handed patients
 - **Extension with arm at max ER**- arm at 90° in prone, extend arm to level of body, 6 O'clock position
 - **Scaption to 90°** thumb pointing up, elevate arm in plane of scapula (empty can position)
 - **Scaption to 60°** thumb pointing down, elevate arm same as above but stop at 60°
 - **Standing or Side lying ER** externally rotate arm in 20-30° abduction (pillow helps with position)
- Begin isotonics for peri-scapular strengthening; progress as heavy as tolerated
 - **Elevation** – continue with *shrugs* vertical motion only do not roll shoulders
 - **Depression** – *seated press ups* hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulas, (not a dip motion), use hand blocks to increase height when able

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- **Protraction** – supine – 2” punches – arm flexed to 90°, elbow locked, motion is from scapula as arm is “punched” forwards, use hand weights, move to push ups with a plus (push up position and perform same movement with body weight) when able
- **Retraction** – prone rows arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapulae pinching them together
- Proprioception ex’s – rhythmic stabilization, physioball balance ex’s etc

6 weeks post op

- Cont. as above
- Full pain free ROM
- Begin conventional weight lifting with machine weights and progress slowly to free weights as desired
- Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able

8 weeks post op

- Cont. with strengthening
- Begin interval throwing program if strength test passed

Return to Sport/Activity

- When cleared by physician
- Passing strength test if requested
- Completion of throwing program if requested
- NO pain with full ROM (Neer or Hawkins tests (-))