
Protocol S1
Physical Therapy Protocol for
Arthroscopic Subacromial Decompression,
Distal Clavicle Excision and Debridement

Phase I: Motion Phase (0-4 weeks)

GOALS:

- Minimize pain and inflammation.
- Achieve full passive and active range of motion (ROM) of the operated shoulder.

ANCILLARY MEASURES:

- Wear basic shoulder sling for comfort (3-7 days), then discontinue.
- Use pain medications as needed.
- Ice the shoulder (cold pack) as needed.

EXERCISES:

- **Codman's Pendulum:** Stand adjacent to a chair or table and bend slightly at the waist. Support your body weight by leaning on the chair or table with the opposite arm. Let the full weight of the operated arm hang freely. Gently swing the operated arm forward and back, side to side for 15 seconds. Progress to 3-5 minutes. Repeat 4-6 times each day.
- **Passive Forward Flexion:** Use a therapy helper or your opposite arm to gently raise arm up in front. Start with arm at your side and passively bring hand to your mouth, forehead and to the top of your head. Repeat 4-6 times per day, 10-15 repetitions. Passive shoulder abduction is also permitted.
- **Overhead Pulley:** Secure overhead pulley in doorway. Grasp both handles. At first, pull down on the unoperated side while the operated shoulder is relaxed (passive motion). Progress to active motion of the operated shoulder as tolerated. Repeat 4-6 times per day, 10-15 repetitions.
- **Active and Passive External Rotation:** With arm at side and elbow flexed 90 degrees, rotate your forearm, bringing hand straight out in front (as though accepting change from a cashier). Gradually increase active external rotation, bringing hand away from the body, as tolerated. Repeat 4-6 times per day, 10-15 repetitions.
- **Active Range of Motion:** Begin progressive active forward flexion and abduction in pain free range. Repeat 4-6 times per day, 10-15 repetitions.
- **Isometrics:** Shoulder flexion, extension and internal rotation isometrics are encouraged. Shoulder shrug exercise as tolerated. Elbow flexion isometrics may be initiated.
- **Hand/Wrist ROM:** Active ROM of the elbow, wrist and fingers on the operated side is encouraged. Ball squeezes are allowed. Table top activities (dining, writing, computer use) are allowed.

PRECAUTIONS:

- Do not let the shoulder become stiff.
- Avoid heavy lifting and sports activity.

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Phase II: Strengthening Phase (5-8 weeks)

GOALS:

- Maintain full active ROM of the operated shoulder.
- Improve shoulder strength.

ANCILLARY MEASURES:

- Sling should have been discontinued and is no longer used.
- Use non-narcotic pain medications as needed.
- Ice shoulder (cold pack) as needed.

EXERCISES:

- **Continue all Phase I exercises** described above. Add the following exercises which should be supervised by a physical therapist.
- **Isotonic Strengthening w/Therabands:** Secure the theraband to a doorknob or hook so that you may stretch the band until you feel resistance. Start using low resistive theraband, 5 repetitions, 3 times per day. Gradually increase repetitions to achieve 20 repetitions per exercise, 3 times per day. Then graduate to more resistive theraband and begin with 5 repetitions and repeat process, gradually increasing repetitions per exercise per day. Strengthening exercises should include shoulder flexion, extension, abduction, external rotation and internal rotation.
- **Isotonic Strengthening w/Free Weights:** Progress to light free weights (not more than three pounds) after therabands have been used.
- **Aggressive Stretching:** Self stretching may be helpful prior to strengthening exercises. Stretch in adduction (posterior capsule), external rotation and internal rotation (using towel or belt behind back) to maximize range of motion.

PRECAUTIONS:

- Avoid shoulder reinjury
- Avoid heavy lifting and sports activity.

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Phase III: Full Activity Phase (9+ weeks)

GOAL:

- Maintain optimal function.
- Return to full daily activities.

ANCILLARY MEASURES:

- Use non-narcotic pain medications as needed.
- Ice shoulder (cold pack) as needed.

EXERCISES:

- Continue all Phase I and Phase II exercises.
- Continue maintenance exercise program of isotonic strengthening 3 times per week. The maintenance program may be done without the assistance of a physical therapist.
- Gradual return to usual lifting and sports activity is permitted.