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SHOULDER Subacromial Decompression/Distal Clavicle Excision Guidelines

GENERAL GUIDELINES

Physical therapy is targeted toward full shoulder range of motion and return to activity. Please refer to operative note for specific individual precautions or motion guidelines.

Phase I: (Post-op days 1-3)

GOALS

Use ice for swelling/pain control Regain AROM of elbow, wrist, hand as sensation returns Initiate AAROM through full ROM shoulder flexion Demonstrate appropriate scapular control

EXERCISES

- 1. Sling as needed until sensation and function of arm have returned
- 2. Cryotherapy PRN
- 3. Pendulum exercises supported with contralateral arm as needed
- 4. Elbow/wrist ROM exercises progress to AROM
- 5. Grip exercises
- 6. Scapular exercises retraction, depression, stabilization
- 7. Begin PROM

Phase 2: (Continues through weeks 6-8)

Physical therapy to optimize motion 2x/wk or as determined by PT

- 1. Wean from sling. Sling wear discouraged except as a visible sign of vulnerability in uncontrolled environment.
- 2. Suture removal days 7-14
- 3. Aquatic therapy
- 4. Active ROM/Initial Strengthening
 - Minimal manual resistance for isometric ER/IR at 0°, 45°, and 90° in supine with arm supported as needed
 - Minimal manual resistance for rhythmic stabilization of glenohumeral joint at multiple angles in supine (60°, 90°, 120°)
 - AAROM progressing to AROM for elevation in supine. Elevate head of bed as appropriate maintaining good mechanics.
 - AAROM progressing to AROM PNF D1/D2 diagonals in supine
 - ER in sidelying

- Light periscapular strengthening as appropriate (prone rowing, prone shoulder extension)
- Progress strengthening as full ROM is achieved.
- Focus on proper mechanics of the shoulder with active movements and functional activities.
- Do not strengthen through pain.

Home Exercise Program

- 1. Stretching for full ROM in all directions
- 2. Active exercise as directed by physical therapist
- 3. Cryotherapy prn