



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ARTHROSCOPIC SHOULDER SURGERY: SUBACROMIAL DECOMPRESSION WITH / WITHOUT DISTAL CLAVICLE EXCISION

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow
IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280
317-944-9400

www.bryansaltzmanmd.com

atient Name:	<u>Date of Surgery:</u>
Evaluate and Treat	Provide patient with home program
Frequency:	x/week x weeks

Subacromial Decompression (SAD): If this was done, avoid abduction x 6 wks

-and/or-

Distal Clavicle Resection (DCR): If this was done, avoid cross-body adduction x 8wks



Phase I (0-4 wks): Period of protection: Sling is worn for 1-2 weeks, then only for comfort at night. No strengthening until after this phase to prevent irritation to subacromial space and/or AC joint.

Weeks 0-1: Formal PT is not mandatory.

- Sling at all times (except for hygiene and pendulums).
- <u>Home exercises only</u> (pendulums, elbow + wrist ROM, grip strengthening).

Weeks 1-4: Begin formal PT (2-3 x/wk).

- D/C sling.
- <u>ROM</u>:
 - Shoulder: Advance PROM → AAROM → AROM in all planes as tolerated (exceptions: abduction and cross-body adduction depending on procedures performed (see above)).
 - Goals: full AROM if possible
 - Elbow: PROM → AAROM → AROM (flex/ext/sup/pron)
 as tolerated
 - Goals: full passive ROM (flex/ext)
- <u>Strengthening</u>: None, except grip strengthening.

_Phase II (4-8 wks): Advance motion and begin strengthening.

- <u>ROM</u>: Advance AROM for elbow and shoulder in all directions with passive stretching at end ranges.
 - o If SAD performed, avoid abduction until after 6 wks.
 - o If DCR done, avoid cross-body adduction until after 8 wks.
 - o Goals: full AROM elbow and shoulder by 8-10 wks.
- Strengthening (only 3x/wk to avoid cuff tendonitis):
 - Start periscapular and cuff/deltoid isometrics at side; progress to bands as tolerated.

__Phase III (8-12 wks): Begin more aggressive strengthening and progress to sport-specific/occupation-specific rehab.

- <u>ROM</u>: Aggressive passive stretching at end ranges. Advance to full active ROM if not already achieved.
- <u>Strengthening/Activities</u>:
 - o Continue cuff/deltoid/periscapular strengthening:
 - Advance as tolerated from isometrics → bands → light weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/wk to avoid cuff tendonitis)
 - Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade)



Phase IV (3-6 months): Transition to sport-specific/occupation-specific rehab.

- ROM: Continue aggressive passive stretching at end ranges.
- <u>Strengthening/Activities</u>:
 - o Continue cuff/deltoid/periscapular strengthening:
 - Maintain light weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/wk to avoid cuff tendonitis)
 - Advance eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade)
 - Sports-related rehab and advanced conditioning
 - o @ 4.5 months, may throw from the pitcher's mound
 - o @ 6 months, return to collision sports
 - Heavy labor once full-strength/MMI reached (usually by 6 months)

By signing this referral, I certify that I have examined this patient and physical therapy medically necessary. This patientwouldwould not benefit from social services.		
	Date:	
Bryan M. Saltzman, MD		