

Subacrominal Decompression and/or Distal Clavicle Excision

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Phase I	 Protect surgical site Decrease pain and inflammation Restoration of ROM Strengthen shoulder and scapular stabilizers Begin proprioceptive and dynamic neuromuscular control <u>Criteria for progression to next</u> <u>phase:</u> Full PROM Strength 70% LSI Normal scapulohumeral rhythm 	 Sling: Weeks 0-2: Must wear at all times except for hygiene Discontinue after 2 weeks ROM: shoulder and elbow PROM/AAROM/AROM as tolerated Avoid pain with horizontal abduction or adduction up to 8 weeks Avoid repetitive overhead activities Limit closed chain exercises 	 PRICE Cryotherapy: 5-7 times per day ROM: as tolerated Shoulder mobilizations as needed Exercises: pendulums, grip strengthening, pulleys/cane, hand/wrist/elbow strengthening Begin closed chain scapula, deltoid/cuff isometrics, and scapular protraction/retraction, Initiate open chain strengthening in non-provocative positions BFR; if applicable CV exercises: walking, stationary bike, stairmaster
Phase II	 Full multi-planar ROM Full supraspinatus strength Correct postural dysfunctions with sport/work specific tasks <u>Criteria for progression to next</u> phase: Full AROM Pain-free ADLS Strength 100% LSI 	 May initiate running as tolerated Carefully progress overhead strengthening progression Discuss return to activities or sport with surgeon 	 Multi-plane AROM Exercises: advance strengthening as tolerated, begin eccentric strengthening, advance closed chain strengthening Scapular/RC strengthening and dynamic neuromuscular control in overhead positions Initiate work/sport-specific strengthening May refer to OH athlete program Initiate progressive replication of demanding work/sport-specific activities

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.