

Physical Therapy Prescription – Arthroscopic Subacromial Decompression

Name: _____

Date: _____

Diagnosis: R / L shoulder arthroscopic SAD

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 4):

- **Sling:**
 - **Weeks 0-2:** Must wear at all times except for hygiene
 - **Weeks 2-4:** Discontinue
- **Range of Motion:** shoulder and elbow PROM/AAROM/AROM as tolerated
 - No abduction-ER or abduction-IR (90/90) until 4-8 weeks postop
 - **If concomitant DCE performed** → horizontal adduction restricted until 8 weeks postop
- **Exercises:** pendulums, grip strengthening, pulleys/canes, hand/wrist/elbow strengthening
 - No resistance exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 4 – 8):

- **Sling:** None
- **Range of Motion:** increase as tolerated to full AROM
 - **If concomitant DCE performed** → horizontal adduction restricted until 8 weeks postop
- **Exercises:** continue Phase I, begin closed chain scapula, deltoid/cuff isometrics, and scapular protraction/retraction, begin therabands
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12):

- **Range of Motion:** Full
- **Exercises:** Advance strengthening as tolerated; begin eccentrically resisted motions and closed chain exercises; begin return to sport activities at 12 weeks

Signature: _____

Date: _____