TWIN CITIES ORTHOPEDICS

Arthroscopic Subacromial Decompression, Distal Clavicle Resection, Biceps Release/Biceps Tenodesis

Post-Operative Protocol

Phase I – Maximum Protection – PROM (Week 0 to 2)

Goals
- Reduce inflammation
- Decrease pain
- Postural education

Restrictions/Exercise Progression
- Sling x 2-6 weeks per physician instructions
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Active hand and wrist range of motion.
- Passive biceps x 6 weeks (**AAROM if no release or tenodesis**).
- Active shoulder retraction.
- PROM – gradual progression to full.
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Manual Intervention
- STM – global shoulder and CT junction.
- Graded GH mobilizations.
- ST mobilizations.

Phase II – Progressive Stretching and Active Motion (Weeks 2 to 4-6)

Goals
- Discontinue sling as instructed.
- Postural education.
- Begin AROM – full all planes.

Exercise Progression
- Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation shoulder extensions (stick off back).
- Serratus activation; Ceiling punch (weight of arm) may initially need assistance.
- Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- External rotation on side (no resistance).
- Sub-maximal isometrics.
- Cervical ROM as needed to maintain full mobility.
- DNF and proper postural positioning with all RC/SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running until 6 weeks.

Manual Intervention
- STM – global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS for ROM and RC-SS activation.

Phase III – Strengthening Phase (Weeks 4-6 to 12)

Goals

- Full AROM
- Normalize GH/ST arthrokinematics.
- Activate RC/SS with isometric and isotonic progression.

Exercise Progression

- Continue with combined passive and active program to push full ROM.
- Internal rotation with thumb up back and sleeper stretch.
- Continue with ceiling punch adding weight as tolerated.
- Sub-maximal rotator cuff isometrics (no pain).
- Advance prone series to include T's and Y's as tolerated.
- Add seated rows and front lat pulls.
- Biceps and triceps PRE (6-8 weeks BR and BT).
- Scaption; normalize ST arthrokinematics.
- CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.
- Supine progressing to standing PNF patterns, with resistance as appropriate.

Manual Intervention

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Phase IV – Advanced Strengthening and Plyometric Drills (12 weeks)

PRE/PSE

- Full range of motion all planes – emphasize terminal stretching.
- Advance strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives determine.
- Gym strengthening program; gradual progression with pressing and overhead activity.
- Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate.
- Initiate plyometric and rebounder drills as appropriate.

RTS program (weeks 16 to 24)

- Continue to progress RC and scapular strengthening program.
- Continue with closed chain quadruped perturbations; add open chain as strength permits.
- Advance gym strengthening program.
- RTS testing for interval programs (golf, tennis etc.) using microfet dynamometer.
- Follow-up examination with the physician (4-6 months) for release to full activity.

Manual Intervention

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.