



SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION POST-OP PROTOCOL

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Stage I (0 to 4 weeks)

Patient can wear sling 1-2 days.

- A. P/AAROM (wand exercises)/AROM program - see wand exercise sheet.
- B. Rotator cuff free weight exercises per shoulder strengthening program 4 days per week.

ALL EXERCISES PAIN FREE ONLY

1. Isotonic exercises 1-8 as tolerated - start against gravity without weights-progress as tolerated to
 - 2 oz. (butter knife)
 - 4 oz. (tuna can)
 - 8 oz. (soup can)
 - 1# weight
 - 2# weight, etc.
2. Repetitions - 25 reps before adding/progressing weights.

- C. Scapular stabilization exercises #1-7
- D. Ice following exercises
- E. Scar mobilization

***GOAL:** Full AROM at 4 weeks with no pain. No inflammation.

Stage II (5+ weeks)

- A. Progress on rotator cuff free weight program independently 4 days per week.
- B. Scapular stabilization exercise #8
- C. GOAL:2-3% ideal body weight for 25 reps and maximum weight by 3 months post-op

***GOAL:** Return to sports or work at 1-3 months post-op without restrictions.

Return to work per M.D. without restrictions.
7 days/week for stretching/ice - 4 days/week for
strengthening

NO INFLAMMATION!

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION PROTOCOL
(With or without distal clavicle resection)
Continued

This protocol provides you with general guidelines for the rehabilitation of the Arthroscopic Subacromial Decompression patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of the patient, the physician should be contacted.

- B. Isometrics - within 5 degrees of pain area in all movements if isotonics is not tolerated.
- C. Scapular stabilization exercises #1-8 as tolerated.

IV. General information

- A. Minimal to no pain during or after exercises
- B. Call M.D. if patient is not responding to treatment

This protocol provides you with general guidelines for the rehabilitation of the shoulder impingement syndrome patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of this patient, the physician should be contacted.