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ERIC HEIDEN M.D.

SUBACROMIAL DECOMPRESSION/DISTAL CLAVICAL EXCISION* REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I 0-4 weeks	Passive to active range as tolerated ROM goals: 140° of forward flexion, 60° of external rotation at side, internal rotation behind back with gentle posterior capsule stretching	0-2 weeks: sling to be worn for comfort only 2-4 weeks: discontinue use of sling	Grip strengthening, pulleys/canes, elbow/wrist/hand active ROM, Codman's NO resisted motions
PHASE II 4-8 weeks	Increase ROM as tolerated ROM goals: 160° forward flexion, 80° external rotation at side, internal rotation with gentle posterior capsule stretching behind back and at 90° of abduction	None	Begin light isometrics with arm at side, rotator cuff and deltoid – advance to therabands as tolerated, passive stretching at end ranges to maintain flexibility Modalities as needed
PHASE III 8-12 weeks	Progress to full motion without discomfort	None	Advance strengthening as tolerated, begin eccentrically resisted motions and closed chain activities

^{*}If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op *If a biceps tenodesis is concomitantly performed, NO biceps strengthening until 6 weeks post-op