

# Arthroscopic or Open Sub-Acromial Decompression/ +/- Distal Clavicle Resection

**Daniel Redziniak, MD**  
**The Orthopedic and Sports Medicine Center**  
**T:(410) 267-5576**  
**F:(410)268-0380**  
**dredziniak@osmc.net**

## 0-2 weeks post op

Modalities as needed

Sling until comfortable or follow up with doctor. May remove for sleep and stretching / ROM exercises.

Most patients are fully out of sling by 1 – 2 weeks post-op

RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral

Scapular ex's – **elevation** with shrugs, **depression**, **protraction**, **retraction** with manual resistance

Active / Assisted / Passive ROM with shoulder pulleys in all directions as tolerated, progress to full

**Flexion 90°**

**Abduction 90°**

**IR 90°**

**ER 45°**

Avoid horizontal adduction stretching for 6 weeks with Distal Clavicle Resection

## 2 weeks post op

RC ex's IR/ER with T-band or tubing with arm abducted 20-30°

If able, may progress further as below

## 4 –6 weeks post op

Cont. as above

Advance ROM as tolerated

Begin isotonics for Core RC strengthening advance the weight on all ex's to 6-8lbs, 5-6 sets of 15-20 reps

**Prone Flexion with thumb up** – arm at 90°, flex arm forward fully, 12 O'clock position

**Prone Abduction to 100° with thumb up** -- arm at 90° in prone, abduct arm into scapular plane level with body, 2 O'clock position for right handed patients

**Prone Abduction to 45° with thumb up** – arm at 90° in prone, abduct arm level with body, 4 O'clock position for right handed patients

**Prone Extension with arm at max ER** – arm at 90° in prone, extend arm to level of body, 6 O'clock position

**Scaption to 90°** thumb pointing up, elevate arm in plane of scapula (empty can position)

**Scaption to 60°** thumb pointing *down*, elevate arm same as above but stop at 60°

**Standing or Side lying ER** externally rotate arm in 20-30° abduction (pillow helps with position)

Begin isotonics for SC strengthening progress as heavy as tolerated

**Elevation** – continue with *shrugs* vertical motion only do not roll shoulders

**Depression** – *seated press ups* hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulas, (not a dip motion), use hand blocks to increase height when able

**Protraction** – supine – *2" punches* – arm flexed to 90°, elbow locked, motion is from scapula as arm is “punched” forwards, use hand weights, move to *push ups with a plus* (push up position and perform same movement with body weight) when able

**Retraction** – *prone rows* arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapula pinching them together

Proprioception ex's – rhythmic stabilization, physioball balance ex's etc

PNF patterns D1 and D2 resistance as tolerated

Isokinetic ex's with 60° block at 30-45° abduction 180, 150, 120, 90, 60°/sec 15 reps up and down spectrum

### 6 weeks post op

Begin conventional weight lifting with machine weights and progress slowly to free weights as desired

Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able, 240, 270, 300, 330 360°/sec and up, 15 reps each speed up and down spectrum

### **Return to Sport/Activity**

Doctor OK

Passing strength test if requested

Completion of throwing program if requested

NO pain with full ROM (Neer or Hawkins tests (-))