

Subacromial Decompression, Distal Clavicle Excision, Bicep Tenotomy/Tenodesis

Phase 1 – Maximum Protection – Passive Range of Motion

Weeks 0 to 2

- Sling for 2 to 4 weeks (per physician instruction)

Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Postural education

Manual Therapy:

- Ice and modalities to reduce pain and inflammation
- STM – global shoulder and cervicothoracic junction
- Graded glenohumeral mobilizations
- Scapulothoracic mobilizations

Exercise Progression:

- Cervical ROM and basic deep neck flexion activation (chin tucks)
- Active hand and wrist range of motion
- Passive biceps for 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

Phase 2 – Progressive Stretching and Active Motion

Weeks 2 to 4-6

Goals:

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

Manual Therapy:

- STM – global shoulder and cervicothoracic junction
- Scar tissue mobilization
- Grade glenohumeral mobilization

- Scapulothoracic mobilization
- Gentle CR/RS for ROM and rotator cuff activation

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) – emphasis on scapular strengthening less than 90 degrees
- External rotation on side (no resistance)
- Submaximal isometrics
- Cervical range of motion as needed of maintain full mobility
- DNF and proper postural positioning in all RC-SS exercises
- Low to moderate cardiovascular work – may add elliptical but no running until 6 weeks

Phase 3 – Strengthening Phase

Weeks 4-6 to 12

Goals:

- Full AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Active RC-SS with isometric and isotonic progression

Manual Therapy:

- STM and joint mobilizations to cervicothoracic junction, glenohumeral joint, and scapulothoracic joint as needed
- CR/RS to gain range of motion while respecting the repaired tissue
- Manual perturbations
- PNF patterns

Exercise Progression:

- Continue with combined passive and active programs to push full range of motion
- Internal rotation with thumb up back and sleeper stretch
- Continue with ceiling punch adding weight as tolerated
- Submaximal 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 progressive resistance exercises (6-8 weeks if bicep tenotomy or tenodesis)
- Scaption – normalize scapulothoracic 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 – tripod position
- Supine progressing to standing PNF patterns, with resistance as appropriate

Phase 4 – Progressing Range of Motion and Strengthening

Weeks 12 to 16

Manual Therapy:

- STM and joint mobilization to cervicothoracic junction, glenohumeral joint, and scapulothoracic joint as needed
- CR/RS to gain range of motion while respecting repaired tissue
- Manual perturbations
- PNF patterns

Exercise Progression:

- Full range of motion in all planes – emphasize terminal stretching
- Advance strengthening at or above 90 degrees with prone or standing Y's, D2 flexion pattern, and 90/90 scapular control and ROM permit
- 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

Weeks 16 to 24

Return to sport program:

- 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 dynamometer
- Follow up examination with physician (4 to 6 months) for release to full activity.