

SUBACROMIAL DECOMPRESSION

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

With or without distal clavicle excision. Also used for arthroscopy without a repair, such as partial rotator cuff debridement.

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 1-4: PROM → AAROM → AROM	WEEKS 4-8: AROM	WEEKS 8-12
Forward flexion	Goal 140° <i>As tolerated</i>	Goal 160° <i>Stretch at end ranges</i>	Full ROM <i>Passive stretch if lacking</i>
External rotation at side	Goal 40° <i>As tolerated</i>	Goal 60° <i>Stretch at end ranges</i>	Full ROM <i>Passive stretch if lacking</i>
Abduction-rotation	None	Begin at 4 to 8 weeks	As tolerated
Cross-body adduction (DCE only)	None	None	From 8 weeks
Resisted motion	None	Light isometrics at side <i>Advance to bands</i>	Isometrics → bands → weights <i>3 times a week</i>

SUMMARY

Sling	Discontinue at 1 to 2 weeks; only when sleeping if needed. Off completely by 4 weeks.
Motion	PROM → AAROM → AROM as tolerated from the start. No abduction-rotation until 4 to 8 weeks. With a distal clavicle excision, no cross-body adduction until 8 weeks; otherwise the program is the same.
Strengthening	No resisted motions until 4 weeks. Light isometrics at the side from 4 weeks, advancing to bands. Isometrics → bands → weights from 8 weeks, with eccentrics, plyometrics, and closed chain exercises.
Return to activity	As tolerated, within the limits above.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 1–4

- PROM → AAROM → AROM as tolerated.
- **With a distal clavicle resection, no cross-body adduction until 8 weeks post-op;** otherwise, all else is the same in this rehab program.
- ROM goals: 140° forward flexion, 40° external rotation at the side.
- No abduction-rotation until 4 to 8 weeks post-op.
- No resisted motions until 4 weeks post-op.
- Discontinue the sling at 1 to 2 weeks post-op; sling only when sleeping if needed.
- Heat before and ice after PT sessions.

WEEKS 4–8

- Discontinue the sling totally if not done previously.
- Increase AROM in all directions with passive stretching at end ranges to maintain shoulder flexibility.
- Goals: 160° forward flexion, 60° external rotation at the side.
- Begin light isometrics with the arm at the side for the rotator cuff and deltoid; can advance to bands as tolerated.
- Physical modalities per PT discretion.

WEEKS 8–12

- Advance strengthening as tolerated: isometrics → bands → weights; 10 reps, 1 set per rotator cuff, deltoid, and scapular stabilizers.
- Strengthen only 3 times a week to avoid rotator cuff tendinitis.
- If ROM is lacking, increase to full with passive stretching at end ranges.
- Begin eccentrically resisted motions, plyometrics, and closed chain exercises.

CRITERIA TO DISCHARGE FROM THERAPY

- Full active ROM compared with the uninvolved side.
- Pain-free activities of daily living.
- Shoulder strength above 80% of the uninvolved side by handheld dynamometer.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Home exercises until PT starts (pendulums, elbow, wrist, hand)														
PROM → AAROM → AROM as tolerated														
Sling for comfort														
Sling only when sleeping, if needed														
Heat before, ice after PT														
Advanced Exercises														
AROM all directions, end-range stretching														
Abduction-rotation (begin 4 to 8 weeks)														
Light isometrics at side, advance to bands														
Cross-body adduction (after DCE)														
Isometrics → bands → weights, 3x/week														
Eccentrics, plyometrics, closed chain														
Activity														
Return to activity as tolerated, within the limits above														

No resisted motion until week 4. After a distal clavicle excision, no cross-body adduction until week 8.

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.