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POST-OPERATIVE DISTAL CLAVICLE EXCISION, ACROMIOPLASTY AND ARTHROSCOPIC SHOULDER DEBRIDEMENT PROTOCOL

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The following protocol is intended as a guide for post-operative distal clavicle excision, acromioplasty, and arthroscopic shoulder debridement rehabilitation. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

Early Motion Phase:

Goals:
Decrease pain and swelling
1. Gradually improve PROM and AROM
2. Initiate strengthening of the peri-scapular muscles and rotator cuff

Post-Op Visit # 1
1. Dressing change/check surgical wound
2. Pendulums
3. Elbow flexion/extension
4. Wrist flexion/extension
5. Towel/ball squeezes
6. Scapular squeezes
7. Sling use for up to 1 week post-op

Post-Op Visit # 2
1. Initiate PROM IR, ER, abduction and flexion to tolerance
2. Joint mobilization as indicated
3. Review and progress HEP
4. Initiate AAROM (i.e. UBE, pulleys, table slides)
5. Initiate isometric scapular proprioceptive exercises (i.e. core scapular squeezes, low rows, scapular depression, robbery, etc.) as pain allows

Controlled Strengthening Phase

Goals:
1. Decreased pain and swelling

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2. Continue to strengthen periscapular muscles and rotator cuff
3. Continue to gradually increase PROM and AROM

2 Weeks

1. FF to 120 degrees
   Abduction to 120 degrees
   ER to 75 degrees at 90 degrees of abduction IR to 35 degrees at 90 degrees of abduction
2. Continue PROM and joint mobilization to tolerance
3. Initiate manual stretching as pain level allows
4. Progress scapular proprioceptive exercises to PRE (t-band, dumbell resistance) as tolerated
5. AROM exercises (SL ER, prone flexion, prone horizontal abduction with palm down, flexion in the scapular plane)
6. Continue to progress HEP

4 Weeks

1. FF to 160 degrees
   Abduction to 160 degrees
   ER to 90 degrees at 90 degrees of abduction
   IR to 40 degrees at 90 degrees of abduction
2. Continue progressive PROM, joint mobs and manual stretching
3. Continue to progress RC and periscapular muscle strengthening (initiate t-band IR/ER, progress resistances with scapular exercises and SL ER, etc.)
4. Stabilization exercises (body blade, WB stabilization exercises, rhythmic stabilization, etc.)
5. Progress HEP as appropriate
6. Continue with modalities pm

Advancing Strengthening Phase

Goals

1. Progress strengthening
2. Initiate functional strengthening
3. Begin functional training (return to sport or work) when appropriate

6 Weeks

1. Patient with full active and passive ROM all planes equal to the unaffected side
2. Continue with rotator cuff and scapular PREs
3. Progress single arm prone exercises to blackburns
4. Gradually return the patient to pre-morbid activity level
5. Progress HEP as appropriate

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8 Weeks

1. Initiate overhead activities for the overhead athlete
2. For baseball and softball players, soft toss throwing programs can be initiated if the patient has 5/5 strength, full ROM and good scapular control
3. Continue with strengthening program
4. Continue with manual stretching, ROM and joint mobs as indicated
5. Progress HEP as appropriate

12 Weeks

1. Initiate standing throwing progressing to long toss for baseball and softball players if patient does not have pain with soft toss
2. Return to all pre-morbid activities
3. HEP should continue to be performed as the patient returns to all pre-morbid activities

Return to work/sports per Dr. Hawkins recommendation. Patient must have full ROM and 5/5 strength in all planes to be considered for return to sports and jobs requiring manual labor/lifting.

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