


These guidelines were created as a framework for the post-operative rehabilitation program. They DO NOT substitute for any specific restrictions or requirements that are determined through the necessary shared decision-making and collaboration between the operating surgeon and treating rehabilitation team.

<p><b>Shoulder Arthroscopy-</b> Subacromial Decompression, Distal Clavicle Excision, Debridement</p>	<p><b>Rehab Protocol</b> <b>Aaron Vandebos, MD</b></p> 
<p><b>PHASE 1: Generally 0-4 Weeks Post-Op</b></p>	
<p><b>GOALS:</b></p>	<p>1) Normal shoulder ROM 2) Pain free ADLs 3) Minimize pain and swelling</p>
<p><b>PRECAUTIONS:</b></p>	<p>- <b>NO</b> push-ups, heavy lifting, or other sports participation - <b>NO</b> repetitive overhead use of shoulder - If open DCE, avoid cross body ADD and axial traction x 4 weeks - Pain should be no more than mild to moderate during exercises. Pain should settle relatively quickly and should not inhibit exercises the following day.</p>
<p><b>SLING:</b></p>	<p>- Sling use for comfort. Recommended use:</p> <ul style="list-style-type: none"> <li>• Days 1-3: wear sling ~75% of the time</li> <li>• Days 4-7: wear sling ~50% of the time</li> <li>• Days 8-10: D/C sling</li> </ul>
<p><b>WOUND:</b></p>	<p>- Post-op dressing removed at PT eval - May shower at post-op day #3 - Submerge in water after wound is fully healed - Suture removal @ 7-14 days post-op by Ortho</p>
<p><b>MODALITIES:</b></p>	<p>- Cryotherapy</p> <ul style="list-style-type: none"> <li>• Hourly for 15 minutes for the first 24 hours after sensation is restored from nerve block</li> <li>• Continue use until acute inflammation is controlled</li> <li>• Once controlled, use 3x per day for 15 minutes or longer as tolerated</li> </ul> <p>- Soft tissue mobilization and other integrative medicine techniques</p> <ul style="list-style-type: none"> <li>• Soft tissue/trigger point work to the kinetic chain (i.e. cervical spine, scapula, and forearm)</li> </ul>
<p><b>REHABILITATION:</b></p>	<p>NOTE: As tolerated, progress rehabilitation exercises as wound healing occurs and the inflammatory response decreases</p> <p>- ROM exercises</p> <p>- Scapular strengthening emphasizing scapular retractors/upward rotators</p> <p>- Shoulder strength and endurance progression as ROM is normalized</p> <ul style="list-style-type: none"> <li>• Continue base strengthening/isometrics as needed</li> <li>• Consider Blood Flow Restriction Therapy to non-operative and/or operative side as tolerated</li> <li>• Rotator cuff progressive resistance exercises (PREs)</li> <li>• Increase functional activities</li> </ul> <p>- Modalities as required</p> <p>- Aerobic conditioning</p>

	<ul style="list-style-type: none"><li>- Adjunct treatments to consider: dry needling, cervicothoracic manual therapy, aquatic therapy, etc.</li></ul>
<b>FOLLOW-UP:</b>	<ul style="list-style-type: none"><li>- Supervised rehab: 1-2x per week</li><li>- PT re-eval: every 2 weeks</li><li>- Ortho re-eval: ~2 weeks and upon achievement of PT goals</li></ul>
<b>MISCELLANEOUS:</b>	<ul style="list-style-type: none"><li>- Meet occupational requirements at 3-6 months</li><li>- Progress activities for return to sport/collision sports or aggressive military training (i.e. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the Ortho Surgeon and the Physical Therapist. This may require between 4-9 months before cleared without restrictions.</li></ul>