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## **Arthroscopic Subacromial Decompression, Distal Clavicle Resection, Biceps Tenodesis Protocol**

### **INDICATED PROCEDURES:**

- Subacromial decompression
- Distal clavicle resection
- Sub-pectoral biceps tenodesis

### **PHASE 1 (0 to 4 weeks)**

- 2-3 physical therapy visits per week
- Patient needs to wear sling during the day and sleep with sling for 2 weeks

### **Goals**

- Full AROM at 4 weeks with no pain or inflammation

### **Limitations**

- Biceps tenodesis patients should avoid resisted elbow flexion and humeral head depression for 6 weeks following surgery.

### **Exercises**

- Elbow flexion against gravity is allowed.
  - P/AAROM (wand exercises)/AROM program
  - Rotator cuff free weight exercises per shoulder strengthening program 4 days per week.
- All exercises are performed pain free
  - Isometrics - within 5 degrees of pain area in all movements if isotonic is not tolerated.
  - Isotonic exercises below as tolerated - start against gravity without weights then progress as tolerated:
    - Repetitions - 25 reps before adding/progressing weights.
      - 2 oz. (butter knife)
      - 4 oz. (tuna can)
      - 8 oz. (soup can)



- 1# weight
- 2# weight, etc.
- Scapular stabilization exercises
- Ice following exercises
- Scar mobilization

### **PHASE 2 (5+ weeks)**

- 1-2 visits/week until discharge goals met

#### **Exercises**

- Progress on rotator cuff free weight program independently 4 days per week.
- Continue scapular stabilization exercises
- GOAL: 2-3% ideal body weight for 25 reps and maximum weight by 3 months post-op

#### **Goals**

- Return to sports or work at 1-3 months post-op without restrictions.
- Return to work per Physician without restrictions.
- 7 days/week for stretching/ice - 4 days/week for strengthening
- No inflammation

***This protocol provides you with general guidelines for the rehabilitation of the shoulder impingement syndrome patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of this patient, the physician should be contacted***