Rehab Practice Guidelines for:
Subacromial Decompression with or without Distal Clavicle Excision

Assumptions: Isolated pathology of acromion and/or distal clavicle

Primary surgery: Subacromial decompression

Secondary surgery (possible): Distal clavicle excision

Expected # of visits: 10-21

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<th>Precautions and Issues</th>
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<td>Precautions</td>
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<td>Distal clavicle excision issues:</td>
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## Subacromial Decompression with or without DCE Rehab Protocol

<table>
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<th>Timeline</th>
<th>Treatment</th>
<th>Milestones</th>
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| **Week 1** | ▪ Ice shoulder for pain and inflammation control  
▪ Remove sling TID for Codman’s exercises | ▪ Comfortably sleep through the night |
| ▪ No formal PT  
▪ No driving | | |
| **Weeks 2-4** | ▪ Modalities for pain and inflammation control as needed  
▪ Incision mobilization  
▪ Test glenohumeral accessory motions  
  ▪ *if hypomobile* - Rx: grade III/IV mobilizations  
  ▪ *if normal mobility* - Rx: grade I/II mobilizations for pain control and to prevent adhesions  
▪ Passive Range of Motion (ROM) exercise in all planes  
▪ Active ROM in all planes except abduction and flexion, focus on scapulo-humeral rhythm and scapular stabilization | ▪ No hypomobility or hypersensitivity of scars  
▪ Full PROM  
▪ Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides)  
▪ Normal scapulo-humeral rhythm |
| ▪ Begin PT  
▪ 2-3 visits/week | Total Visits: 6-9 | |
| **Week 5-6** | ▪ PRE’s for all other shoulder motions except flexion  
▪ Begin resisted flexion strengthening in gravity minimized positions progressing to gravity resisted | ▪ Full PROM for all motions  
▪ Full AROM for all motions |
| ▪ 1-3 visits/week | Total Visits: 8-15 | |
| **Weeks 7-8** | ▪ PRE’s for all shoulder motions  
▪ Dynamic stabilization exercises  
▪ Progress to home exercise program for strengthening  
▪ Progress sport/work specific rehabilitation | ▪ Maintains full AROM and PROM  
▪ Independent with home exercises  
▪ MMT 5/5 all shoulder motions  
▪ Return to sport/work |
| Total Visits 10-21 | | |