

## Acromioplasty W/WO Distal Clavicle Resection Protocol

Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Procedure Date \_\_\_\_\_

Frequency 1 2 3 4 5 times/week    Duration 1 2 3 4 5 6 weeks

### Weeks 1-4:

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

### Weeks 4-8:

- DC sling if not done previously
- Increase AROM in all directions with passive stretching at end ranges to maintain shoulder flexibility
- Goals: 160° FF/60° ER at side
- Begin light isometrics with arm at side for 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
- Only do strengthening 3x/week to avoid rotator cuff tendinitis
- If ROM lacking, increase to full with passive stretching at end ranges
- Begin eccentrically resisted motions, plyometrics, and closed chain exercises

**Comments:**

**Teach HEP** \_\_\_\_\_

**Modalities PRN**

**Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.**

**Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_