COMPREHENSIVE ORTHOPAEDICS

Ryan S. Charette MD
Adam Q Ferguson DO
Jon Dale PA-C
Christa Beyer PA-C

Aaron S Covey MD MBA
Rania R. Rifaey MD
Edward S. Gensicki DPM
Megan R. Wolf MD

Jon C Driscoll MD
Hudson H. Seidel MD
Robert C. Stockton DO

A Member Of NEOS NEW ENGLAND Orthopaedic Services

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L CHT
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director
Valerie Peckingham PT
Isabella Mesturini PT,DPT

Peter Ives PTA
Kirsten Perillo PTA

www.comcllc.com
PH:203.265.3280
FX:203.741.6569

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Arthroscopic Subacromial Decompression, Distal Clavicle Excision, Biceps Release, Biceps Tenodesis

Post-Operative Protocol

Phase I – Maximum Protection – Passive Range of Motion

Weeks 0 to 2:

- Sling for 2 to 4 weeks (per physician instructions)

Goals

- Reduce inflammation
- Decrease pain
- Postural education

Manual therapy

- Ice and modalities to reduce pain and inflammation.
- STM – global shoulder and CT junction.
- Graded GH mobilizations.
- ST mobilizations.

Exercise progression

- Cervical range of motion and basic deep neck flexor activation (chin tucks).
- Active hand and wrist range of motion.
- Passive biceps for 6 weeks
  - AAROM if no release or tenodesis
- Active shoulder retraction.
- PROM – gradual progression to full.
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Phase II – Progressive Stretching and Active Motion

Weeks 2 to 4-6:

Goals

- Discontinue sling as instructed.
- Postural education.
- Begin AROM – full all planes.

Manual therapy

- STM – global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS for ROM and RC-SS activation.

Exercise progression

- Progress to full range of motion, flexion and external rotation as tolerated.
  - Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation shoulder extensions (stick off back).
- Serratus activation: ceiling punch (weight of arm) - may initially need assistance.
- Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening less than 90 degrees.
- External rotation on side (no resistance).
- Sub-maximal isometrics.
- Cervical range of motion as needed to maintain full mobility.
- DNF and proper postural positioning with all RC-SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running until 6 weeks.

COMPREHENSIVE ORTHOPAEDICS

Ryan S. Charette MD
Adam Q Ferguson DO
Jon Dale PA-C
Christa Beyer PA-C

Aaron S Covey MD MBA
Rania R. Rifaey MD
Edward S. Gensicki DPM
Megan R. Wolf MD

Jon C Driscoll MD
Hudson H. Seidel MD
Robert C. Stockton DO

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L CHT
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director
Valerie Peckingham PT
Isabella Mesturini PT,DPT

Peter Ives PTA
Kirsten Perillo PTA

A Member Of NEOS NEW ENGLAND Orthopaedic Services

www.comcllc.com
PH:203.265.3280
FX:203.741.6569

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Arthroscopic Subacromial Decompression, Distal Clavicle Excision, Biceps Release, Biceps Tenodesis
Post-Operative Protocol

Phase III – Strengthening Phase
Weeks 4-6 to 12:

Goals
- Full AROM
- Normalize GH/ST arthrokinematics.
- Activate RC-SS with isometric and isotonic progression.

Manual therapy
- STM and joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain range of motion while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Exercise progression
- Continue with combined passive and active program to push full range of motion.
- Internal rotation with thumb up back and sleeper stretch.
- Continue with ceiling punch adding weight as tolerated.
- Sub-maximal rotator cuff isometrics (no pain).
- Advance prone series to include T's and Y's as tolerated.
- Add seated rows and front lat pulls.
- Biceps and triceps progressive resistance exercises (6-8 weeks BR and BT).
- Scaption: normalize ST arthrokinematics.
- CKC progression: quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups (all as tolerated).
  - Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral- tripod position.
- Supine progressing to standing PNF patterns, with resistance as appropriate.

Phase IV – Advanced Strengthening and Plyometric Drills
Weeks 12 to 16:

Manual therapy
- STM and joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain range of motion while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Exercise progression (PRE/PSE)
- Full range of motion in all planes – emphasize terminal stretching.
- Advance strengthening at or above 90 degrees with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit.
  - Patient health, physical condition and goals/objectives determine.
- Gym strengthening program: gradual progression with pressing and overhead activity.
- Progress closed kinetic chain program to include push-up progression beginning with counter, knee then gradual progression to full as appropriate.
- Initiate plyometric and rebounder drills as appropriate.

COMPREHENSIVE ORTHOPAEDICS

Ryan S. Charette MD
Adam Q Ferguson DO
Jon Dale PA-C
Christa Beyer PA-C

Aaron S Covey MD MBA
Rania R. Rifaey MD
Edward S. Gensicki DPM
Megan R. Wolf MD

Jon C Driscoll MD
Hudson H. Seidel MD
Robert C. Stockton DO

A Member Of NEOS NEW ENGLAND Orthopaedic Services

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L CHT
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director
Valerie Peckingham PT
Isabella Mesturini PT,DPT

Peter Ives PTA
Kirsten Perillo PTA

www.comcllc.com
PH:203.265.3280
FX:203.741.6569

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Arthroscopic Subacromial Decompression, Distal Clavicle Excision, Biceps Release, Biceps Tenodesis
Post-Operative Protocol

Weeks 16 to 24:

Return to sport program

- Continue to progress RC and scapular strengthening program.
- Continue with closed chain quadruped perturbations. Add open chain as strength permits.
- Advance gym strengthening program.
- RTS testing for interval programs (golf, tennis etc.) using microfet dynamometer.
- Follow-up examination with the physician (4 to 6 months) for release to full activity.

Revised 02/2017