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## SUBACROMIAL DECOMPRESSION/DISTAL CLAVICLE EXCISION\* REHABILITATION PROTOCOL

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>THERAPEUTIC EXERCISE</b>
<b>PHASE I</b> <b>0 - 4 weeks</b>	Passive to active range as tolerated ROM Goals: 140° forward flexion, 60° external rotation at side, internal rotation behind back with gentle posterior capsule stretching	<b>0-2 weeks:</b> sling to be worn for comfort only <b>2-4 weeks:</b> discontinue use of sling	Grip strengthening, pulleys/canes, elbow/wrist/hand ROM, Codman's, <b>NO</b> resisted motions
<b>PHASE II</b> <b>4 - 8 weeks</b>	Increase range of motion as tolerated ROM Goals: 160° forward flexion, 80° external rotation at side, internal rotation with gentle posterior capsule stretching behind back and at 90° of abduction	None	Begin light isometrics with arm at side, rotator cuff and deltoid - advance to therabands as tolerated, passive stretching at end ranges to maintain flexibility Modalities as needed
<b>PHASE III</b> <b>8 - 12 weeks</b>	Progress to full motion without discomfort	None	Advance strengthening as tolerated, begin eccentrically resisted motions and closed chain activities

\*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op  
 \*If biceps tenodesis is concomitantly performed, NO biceps strengthening until 6 weeks post-op