



TEXAS BONE & JOINT

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Acromioplasty with or without Distal Clavicle Excision Protocol

The intent of this protocol is to provide the clinician with a guideline of postoperative rehabilitation course. It is not intended to be a substitute for appropriate clinical decision making regarding the progress of the patient's postoperative course. The actual post-surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requests assistance in the progression of a patient post-surgery, they should consult Dr. Payne.

Phase 1 (1-4 week)

- Sling for comfort, D/C sling at 1-2 weeks postop, use only if needed for sleeping
- PROM progressing to AA ROM progressing to AROM as tolerated
- With a distal clavicle resection, hold cross body adduction until 8 weeks postop; otherwise, all else is the same in this rehab program
- ROM goals: 140 degrees forward flexion/40 degrees external rotation at side
- No abduction-rotation until 4-8 weeks postop
- No resisted motion until 4 weeks postop
- Heat before/ice after PT sessions

Phase 2 (4-8 weeks)

- Increase AROM in all directions with passive stretching at end ranges to maintain shoulder flexibility
- Goals: 160 degrees forward flexion/60 degrees external rotation 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

Phase 3 (8-12 weeks)

- Advance strengthening as tolerated: Isometrics progressing to bands progressing to 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 acentrally resisted motions, plyometrics, and closed chain exercises.

Special instructions/precautions:
