



TEXAS BONE & JOINT

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Dr. Payne SAD/DCE 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 progression of a 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 post-operative complications. If a clinician requests assistance in the progression of a patient post-surgery, they should consult Dr. Payne.

Weeks 1-4:

- Sling for comfort, d/c sling at 1-2 weeks post-op, use only if needed for sleeping
- 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
- No resisted motions until 4 weeks post-op
- Heat before/ice after PT sessions

Weeks 4-8:

- 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 tendonitis
- If ROM lacking, increase to full with passive stretching at end ranges
- Begin eccentrically resisted motions, plyometrics, and closed chain exercises.

Special Instructions/Precautions:
