

Physical Therapy Protocol: Shoulder Arthroscopy / Distal Clavicle Excision

Phase 1: Weeks 0 through 6 – Pain Control and Motion Recovery

Physician Goals: Decrease pain and inflammation, regain normal range of motion

Exercises: Passive shoulder range of motion in all planes except cross body adduction with goal of regaining painless normal motion, glenohumeral joint mobilizations as needed, periscapular stabilizer strengthening immediately, begin full active range of motion except cross body adduction once full passive motion is obtained; avoid internal and external rotation of the shoulder with the arm in abduction; grip strength, wrist flexor/extensor strengthening

Comments: Simple sling to be worn for comfort only for the first 3 to 5 days, wean as tolerated. OK to drive once sling is discontinued. Return to work on a case-by-case basis.

Total Visits: 12 – Once to twice per week with daily home stretching

Phase 2: Weeks 6 through 12+ – Strength Recovery

Physician Goals: Gradually increase strength to allow for all activities of daily living and eventually recreational activities

Exercises: Continue strengthening scapular stabilizers, progress resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; bicep curls and resisted supination; two hand plyometrics, transition to one hand as tolerated

Comments: Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP when ready; Golfers may begin putting at 6 weeks, chipping at 10 weeks, and progress to full golf by 3 months postop; Light tennis/pickleball at 10 weeks; overhead throwers (baseball/football) begin throwing program at 3 months; unrestricted weight lifting by 3 months

Total Visits: 12 – One to two times per week with daily home stretching; strengthening 3x per week including PT