

**Dr. Brad Bushnell**  
**Harbin Clinic Orthopaedic Surgery and Sports Medicine**  
**Physical Therapy**  
**Sub-Acromial Decompression – Distal Clavicle Resection**  
**With Biceps Tenodesis**  
**Post Operative Protocol**

**Phase I – Passive / Active Assistive Range of Motion (0 to 4 weeks):**

**0 to 2 week:**

- Sling – eliminate as tolerated

**Exercises**

- Passive elbow range of motion x 6 weeks
- Active shoulder retraction
- Passive range of motion (gradual progression to full range of motion in all planes)
- Shoulder pulleys; flexion and abduction

**2 to 4 weeks:**

- Continue with above
- Active-assistive shoulder range of motion as tolerated
- Wrist and hand strengthening (**No Pronation/Supination**)
- Scapular strengthening exercises

**Phase II – Active Motion & Isometric Phase(Weeks 4 to 6):**

- Initiate terminal range of motion stretching in all planes
- Begin active range of motion

**Exercises**

- Sub-maximal rotator cuff isometrics
- Proprioception drills emphasizing neuromuscular control

**Phase III – Light Strengthening Phase (Weeks 6 to 8):**

- End range stretching all planes of motion
- Rotator cuff and scapular strengthening

**Phase IV – Advanced Strengthening and Plyometric Drills (Weeks 8 to 12):**

**Weeks 8 to 10:**

- End range stretching and continued strengthening
- CKC exercises (Ball compressions, push-up progression)
  - Biceps and triceps strengthening
  - Add Pronation/Supination Strengthening

**Week 10 to 12:**

- Advance closed kinetic chain strengthening
- Gym strengthening program with gradual progression as tolerated (Avoid Heavy Biceps)
- Plyometric/rebounder drills

**Phase V – Return to Sport (Week 12):**

- Range of motion and strength test
- Follow-up Examination With the Physician
- Initiate return to sport program Per Physician Approval

