
Acromioplasty (+/- Distal Clavicle Resection) Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone an acromioplasty (+/- distal clavicle resection). This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Sling / Immobilizer / brace x 2-4 weeks

Restrictions: Avoid resistive strengthening. No restriction on ROM. ROM should be a slow stretch (not forceful).

Exercises: Gripping exercises, elbow, wrist and finger ROM. Shoulder PROM, AAROM and AROM. Instruct on HEP to perform twice daily.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None

Restrictions: Advance within limits of pain tolerance.

Exercises: Gradually increases ROM exercises. At 4 weeks begin shoulder isometric strengthening initially with arms at side (IR, ER, scapular stabilization). Patient may advance to resistance strengthening at 6 weeks post-operatively. Modalities used as needed.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Continue with shoulder strengthening with advancement to exercises with arms away from body. Modalities utilized as needed.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 10-12 weeks. Add plyometric training for athletes at 12 weeks. Add exercises simulating work requirements at 14 weeks as part of return to work program.

Phase 5: **Time Frame:** 18+ weeks

Goal: Restore normal shoulder function and progress to return to sport or return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training. Consider work conditioning program based on patients job requirements and patient motivation.