

## ARTHROSCOPIC ACROMIOPLASTY PROTOCOL

### WEEKS 0-2

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Use a sling at all times, day and night. Remove sling for exercises.

- Pendulum exercises 3 times a day.
- Isometric scapular stabilization.
- Elbow and wrist AROM 3 times a day.
- No abduction and rotation combined movement until 4 weeks post-op
- Cryotherapy: Day 1-2 as much as possible, then post exercise/activity for pain.
- **\*\*ACTIVE ASSISTED ELBOW FLEXION AND SUPINATION FOR 4 WEEKS WITH BICEP TENODESIS.**

GOAL: Pain management and initiating ROM

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### WEEKS 2-4

Begin to wean out of the sling. Early ROM is important.

- Passive, AAROM and/or AROM to tolerance. (Pulley, wand, therapeutic ball)
- UBE for upper extremity endurance with light resistance.
- Progress Submaximal isometric exercises to tolerance.

GOALS: Pain management, restoration of full AROM, return to light work activities.

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### WEEKS 4-8

- Progress to rotator cuff strengthening program with light free weights in all planes.
- Scapular stabilization progression
- Joint mobilization and end-range stretching as indicated for symmetrical ROM.

GOALS: Painfree full AROM and rotator cuff strength 50% of uninjured.

### WEEKS 8-12

- Continue with appropriate exercises previously prescribed.
- Joint mobilization and stretching exercises as need to regain full AROM.
- Theraband exercises/sideline strengthening for internal and external rotation.
- Strengthening of flexion and abduction should be kept to less than 90 degrees.
- Scapular stabilization.
- Dumbbell exercise as tolerated.

GOALS: Full pain-free AROM and light work activities

## MONTHS 3-6

- Progress isotonic strengthening as appropriate.
- May begin strengthening above 90 degrees of abduction.
- Begin throwing program.
- Begin a sports specific functional progression.
- May return to full work/athletic activities.

GOALS: Pain-free work and/or athletic activity. Equal strength bilaterally.

This protocol provides the rehabilitation specialist with general guidelines for the rehabilitation of the patient following decompression of the coracoacromial arch.

Questions regarding the progress of a specific patient are encouraged, and should be directed to 952 442-8201 or to [rehabprotocols@tcomn.com](mailto:rehabprotocols@tcomn.com) .