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# Subacromial Decompression with Distal Clavicle Excision

**REHABILITATION PROTOCOL**

| PHASE | RANGE OF MOTION | IMMOBILIZER | THERAPEUTIC EXERCISE |
|---|---|---|---|
| **Phase I**<br>**0–2 weeks**<br>GOAL TO ADVANCE<br>*Pain controlled; flexion 120°* | Passive, active-assisted and active motion as tolerated. Avoid reaching across the body* | Sling for comfort only, 1-2 weeks; may remove for exercise and hygiene | Pendulums, elbow/wrist/hand ROM, grip, scapular setting, cane and pulley motion, ice |
| **Phase II**<br>**2–6 weeks**<br>GOAL TO ADVANCE<br>*Full active motion by 6 weeks* | Progress to full active motion in all planes; gentle posterior capsule stretching. Cross-body stretching after 6 weeks* | None | Rotator cuff isometrics → band ER/IR, scapular stabilization (rows, prone extension, serratus punch). Keep bands below shoulder height. Lift ≤5 lb |
| **Phase III**<br>**6–12 weeks**<br>GOAL TO ADVANCE<br>*Full pain-free motion; strength ≥80% of other side* | Full; cross-body and sleeper stretching | None | Progressive cuff and scapular strengthening with weights, strengthening above shoulder height, wall → floor push-ups* |
| **Phase IV**<br>**12+ weeks**<br>GOAL TO ADVANCE<br>*Physician clearance* | Full without discomfort | None | Return to sport, overhead work and full weight training. Bench press, dips and overhead press at about 3 months** |

**NOTES**

*Reaching across the body and pressing exercises (bench press, push-ups, dips) load the AC joint where the clavicle was trimmed; avoid them early and progress gradually

**If approved by physician

*This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.*
*Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.*

**Questions: 469.800.7200**
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