

ACROMIOPLASTY WITH INTACT ROTATOR CUFF

POST-OP REHABILITATION PROTOCOL

The following is a guideline for the post-operative rehabilitation of an individual who has undergone an acromioplasty. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation please don't hesitate to call our office.

MAJOR OBJECTIVES for this rehabilitation are:

1. Full range of motion by 6 weeks post-op.
2. Adequate control/strength of the shoulder girdle to return to activity by 12-16 weeks post-op.
3. Patients can progress their activity as tolerated by pain and inflammation.
4. ALWAYS stabilize the scapula when performing strength exercises.
5. ALWAYS have the patient perform 3-5 home exercises based on their most current needs to assist their recovery.

Weeks 1 through 2

1. Use of sling for comfort.
2. Modalities as needed to decrease pain and inflammation.
3. Scapular mobilization.
4. Glenohumeral joint mobilization (Grades I and II) as needed for pain.
5. Pendulum exercises.
6. Supine PROM as soon as tolerated for:
 - Elevation.
 - ER/IR in scapular plane with arm in slight abduction.
7. AROM of cervical spine, elbow, wrist, and hand.
8. Active scapulothoracic exercises as tolerated.

Weeks 3 through 4

1. Above program as needed.
2. AAROM for elevation and ER/IR with pulleys, cane or towel.
3. PROM for cross body abduction for posterior capsule stretch.
4. Progress ER/IR PROM to greater ranges of abduction as tolerated.
5. Resisted scapulothoracic exercises as tolerated.

6. Isometrics for rotator cuff at three weeks. (Sub-max to max resistance)
7. Isometrics for deltoid at four weeks. (Sub-max to max resistance)

Weeks 5 through 6

1. Above program as needed.
2. Manual resistance theratubes/PREs for all shoulder girdle musculature.
3. Dynamic stability exercises below 45 degrees (bodyblade or BOING)

Week 7 through return to full activity

1. Continue to progress control/strength/endurance exercises for the periscapular, rotator cuff, and other shoulder girdle musculature.
 - Progress to maximal work efforts.
 - Progress to full arcs and multiplanar motions.
 - Progress to provocative positions.
2. Increase proprioception program as needed.
 - Progress to maximal work efforts.
 - Progress to full arcs and multiplanar motions.
 - Progress to provocative positions.
3. Sport specific and work activities as needed.
4. Stress prevention of RTC tendonopathy through modification of activity.