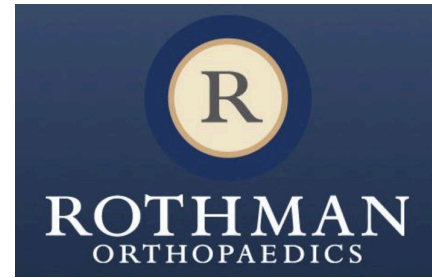


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Suprascapular Nerve Decompression Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Suprascapular Nerve Decompression

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 1-4:

PROM AAROM AROM as tolerated

With a distal clavicle resection, hold cross-body adduction until 8 weeks post-op; otherwise, all else is the same in this rehab program

ROM goals: 140° FF/40° ER at side

No abduction-rotation until 4-8 weeks post-op

No resisted motions until 4 weeks post-op

D/C sling at 1-2 weeks post-op; sling only when sleeping if needed

Heat before/ice after PT sessions

_____ Weeks 4-8:

D/C sling totally if not done previously

Increase AROM in all directions with passive stretching at end ranges to maintain shoulder flexibility

Goals: 160° FF/60° ER at side

Begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as tolerated

Physical modalities per PT discretion

_____ Weeks 8-12:

Advance strengthening as tolerated: isometrics bands weights; 10 reps/1 set per rotator cuff, deltoid, and scapular stabilizers

Only do strengthening 3x/week to avoid rotator cuff tendonitis

If ROM lacking, increase to full with passive stretching at end ranges

Begin eccentrically resisted motions, plyometrics, and closed chain exercises.

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___X___ Teach HEP

Modalities

___X___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___X___

Heat before ___X___ Ice after ___ Trigger points massage ___X___ Therapist's discretion

Signature _____ Date _____