Brandon J. Erickson, MD Mackenzie Lindeman, ATC 176 3rd Ave New York, NY 658 White Plains Rd Tarrytown, NY 450 Mamaroneck Rd Harrison, NY

Phone: 914-580-9624

Brandon.erickson@rothmanortho.com Mackenzie.lindeman@rothmanortho.com





SUPRASCAPULAR NERVE DECOMPRESSION PHYSICAL THERAPY PROTOCOL

Name			Date		
Diagnosis s/p RI	GHT/LEFT Suprasc	apular Nerve Dec	ompression		
Date of Surgery_					
Frequency:	times/week	Duration:	Weeks		
With a distal clav same in this rehab ROM goals: 140° No abduction-rota No resisted motion	A→AROM as toleraticle resection, hold of program FF/40° ER at side ation until 4-8 weeks ons until 4 weeks posweeks post-op; sling	cross-body adduct: s post-op st-op	ion until 8 weeks post-op	; otherwise, all else is the	
Increase AROM i Goals: 160° FF/60 Begin light isome	if not done previous n all directions with 0° ER at side	n passive stretching le for rotator cuff a	g at end ranges to maintai	·	
and scapular stabi Only do strengthe If ROM lacking,	ening as tolerated: is ilizers ening 3x/week to avoincrease to full with	oid rotator cuff ten passive stretching		per rotator cuff, deltoid,	
Comments:					
Functional C	Capacity Evaluation	Work Harden	ning/Work Conditioning	Teach HEP	
ModalitiesElectric Stimu beforeIce after	ulationUltrasou erTrigger points	and Iontophos massage T	oresisPhonophoresis 'herapist's discretion	TENS Heat	
Signature			Date		