SUPRASCAPULAR NERVE DECOMPRESSION PHYSICAL THERAPY PROTOCOL

Name_________________________________________________________ Date__________________

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 _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS _____ Heat
before ___ Ice after ___ Trigger points massage _____ Therapist’s discretion

Signature__________________________________________ Date__________________