



Adam N. Whatley, M.D.
6550 Main St., STE. 2300
Zachary, LA 70791
Phone(225)658-1808 Fax(225)658-5299

Arthroscopic Subacromial Decompression:

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a subacromial decompression. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Patients who have undergone concomitant repair of a rotator cuff tear, biceps tendon rupture, SLAP lesion, bursectomy, and/or synovectomy should be progressed more conservatively, in collaboration with the surgeon and according to post-operative rehabilitation protocols. Other factors to consider are decreased nutritional status, decreased cognition, smoking, alcohol use, and long-term corticosteroid use.

Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – Immediate Post Surgical Phase (Day 1-14):

Goals:

- Restore non-painful range of motion (ROM)
- Prevent muscular atrophy and inhibition
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living (ADLs)
- Wean from sling

Precautions:

- Care should be taken with abduction (with both active range of motion (AROM) and passive range of motion (PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided

Range of Motion:

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)¹
- AROM

- Pendulums
- Pulleys
- Cane exercises
- Self stretches, including posterior capsule, upper trapezius, and pectoralis major²

Strengthening:

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

Modalities²:

- Cryotherapy
- Electrical stimulation and/or inferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for progression to phase 2:

- Full active and passive ROM
- Minimal pain and tenderness

Phase 2: Intermediate Phase (2-6 Weeks)

Goals:

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of shoulder complex
- Continue to wean from sling if applicable

Precautions¹:

- Overhead activities
- Heavy lifting

Exercises:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Manual Treatment:

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Modalities:

- Cryotherapy
- Electrical stimulation - interferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for Progression to Phase 3:

- Full painless ROM
- No pain or tenderness on examination

Phase 3: Dynamic (Advanced) Strengthening Phase: (6 weeks and beyond)**Goals:**

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

Emphasis of Phase 3:

- High speed, high energy strengthening exercises
- Eccentric exercises³
- Diagonal patterns
- Workplace ergonomic assessment and/or work hardening program referral as needed ¹

Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises

Criteria for discharge from skilled therapy

- Patient able to maintain non-painful AROM
- Maximized functional use of upper extremity
- Maximized muscular strength, power, and endurance
- Patient has returned to advanced functional activities