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ARTHROSCOPIC SUBACROMIAL DECOMPRESSION REHABILITATION PROTOCOL

INTRODUCTION

The purpose of the exercise program below is to more effectively treat patients after an arthroscopic subacromial decompression procedure. This post-surgical rehabilitation program addresses anatomical, biomechanical, and healing time concerns. The treatment plan includes rest at the appropriate time (relative rest) and the use of non-steroidal anti-inflammatories. The attainment of full range-of-motion, proper training of the rotator cuff muscles for balance and to provide good scapulohumeral rhythm and conditioning of the rotator cuff and scapular muscles is critical for a successful outcome.

This rehabilitation program is designed in phases. Each phase has a list of goals to be attained during that phase and there are concomitant precautions in each phase to avoid the inability to achieve the goals set for each phase. Along with the goals and precautions are some suggested exercises in order to achieve the goals within the limits of the precautions.

PHASE I - ACUTE PHASE

Goals:

- Limit pain (relative rest - avoid pain provoking positions and movements)
- Reduce swelling
- Restore motion (Restore capsular mobility if needed - *Special emphasis on posterior capsule)

Treatment Recommendations:

- Ice
- Sling (if necessary)
- E-Stim
- Gentle mobilization (Grade 1, Grade II)
- Pendulum exercises
- ROM (passive and active assisted - pain free)
- Non-steroidal anti-inflammatory medication

Precaution:

- Relative rest is important - reduce inflammation

PHASE II - SUBACUTE PHASE

Goals:

- Eliminate pain
- Restore full capsular mobility with emphasis on posterior capsule
- Restore full active motion
- Restore good glenohumeral and scapulohumeral rhythm
- 4/5 strength of upper extremity muscles including scapular muscles

Treatment Recommendations:

- Continue to use modalities as needed
- Start with active range-of-motion through the available range
- Add isometrics below shoulder level
- Flexibility of the cervical, shoulder and scapular muscles
- Non-involved upper extremity and bilateral lower extremity exercises
- More aggressive joint mobilizations as needed (Grades III/IV)

Precautions:

- All active and isometric exercises should be muscle specific
- All movements and activity increasing symptoms should be eliminated
- Isometrics are to be modified (position change) if patient's symptoms are made worse

PHASE III - STRENGTHENING PHASE

Goals:

- Attain full pain free range-of-motion (NO shrug sign)
- Achieve 5/5 strength in all shoulder girdle muscles, including distal extremity muscles
- Full pain free resistive range-of-motion
- Negative Neer sign
- Negative Hawkins sign
- Perfect symmetrical scapulohumeral rhythm

Treatment Recommendations:

- Continue with the use of ice as necessary
- Continue with previous exercises
- Progress resistance to overhead and above horizontal
- Add resistance to scapular exercises
- Work on quality of motion, not just resistive training
- Work on balance of the rotator cuff muscles
- Start sport specific/work specific exercises
- Weightbearing upper extremity
- Water resistive activities

Precautions:

- Do not forget entire body

PHASE IV - CRITERIA FOR RETURN TO NON RESTRICTED WORK/SPORT

Goals:

- Full pain free range-of-motion (NO shrug sign)
- 5/5 strength in all upper extremity and scapular muscles
- Normal scapulohumeral rhythm with and without resistance
- Good trunk strength
- Good lower extremity strength
- Able to complete throwing sport specific or work tasks without pain, signs of instability or impingement

Precautions:

- It should be noted that time frames for these phases and overlap time frames for these phases cannot be given. It is based on exercise intensity, pain, underlying instability, acute vs. chronic conditions, healing time and strength.
- Rehabilitation should be progressive, always achieving a pain free state and always acutely aware of the patient safety.