

Plymouth

Arthroscopic Sub-acromial Decompression

Rehabilitation Protocol

Phase	1. Protection & Education
Time Frame	0 to 2 weeks post procedure
Key Goals	<ul style="list-style-type: none"> • Reduce pain and inflammation • Regain a full, non-painful passive range of motion (PROM) • Minimise muscle inhibition and atrophy • Active assisted movement of the affected upper limb without compensatory shoulder girdle activity
Avoid	<ul style="list-style-type: none"> • Painful range of movement exercises • Sustained/repeated overhead activities • Any painful lifting with the affected upper limb
Interventions	<ul style="list-style-type: none"> • Commence shoulder Passive and Active Assisted Range of Movement (AAROM) Exercises • Educate the patient and promote appropriate shoulder girdle mechanics during exercises and daily activities avoiding inappropriate scapular activity/compensatory movement • Educate the patient to ensure appropriate postural awareness • Consider Joint Mobilisation this must be pain free • Introduce AROM (Active Range of Movement) exercises for the neck, elbow, wrist and hand of affected side • Commence sub-maximal, pain free isometric activity of the inferior cuff (shoulder internal and external rotation).
Notes	<ul style="list-style-type: none"> • Sling to be worn for 2 to 3 days. Wean from sling over the first week post procedure • See CONCOMITANT SURGERY

Phase	2. Control through Range and Strength
Time Frame	From 2 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • Appropriate shoulder girdle mechanics during exercises and daily activities • Controlled pain
Key Goals	<ul style="list-style-type: none"> • Full active ROM of affected shoulder without compensatory shoulder girdle activity • Achieve rotator cuff recruitment through range
Avoid	<ul style="list-style-type: none"> • Repetitive activities that progressively increase pain • Lifting or loading that causes pain
Interventions	<ul style="list-style-type: none"> • Commence Active ROM exercises with affected shoulder • Introduce isotonic rotator cuff strengthening exercises. Target the inferior cuff. Commence a graded resistance programme in 20°-30° of scaption/abduction and gradually progress through range. • Introduce scapular recruitment exercises (Target mid/lower Trapezius and Serratus Anterior) • Introduce neuro-muscular control/proprioceptive exercises (commence using closed chain exercises) • Introduce shoulder stretches including soft tissue mobilisation/stretching where a capsular or soft tissue restriction is present
Notes	<ul style="list-style-type: none"> • See CONCOMITANT SURGERY

Phase	3. Endurance and Function
Time Frame	From 6 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • Pain free active and passive ROM with affected side through full range (comparable to that of the non-affected side) • Pain free cuff strengthening exercises • Appropriate shoulder girdle mechanics with exercises and daily activities
Key Goals	<ul style="list-style-type: none"> • To return the patient to full activity including work and sport
Interventions	<ul style="list-style-type: none"> • Progress strengthening and endurance exercises involving the affected upper limb through range • Undertake functionally specific exercises e.g. Work, sport • Incorporate kinetic chain exercises with upper limb exercises
Notes	<ul style="list-style-type: none"> • Evidence suggests that pain, strength and function can continue to improve for between 6- and 12-months post procedure

A. CONCOMITANT SURGERY

Long Head of Biceps Tenodesis	Phase 1 & 2 <ul style="list-style-type: none"> • Avoid resisted/loaded elbow flexion or resisted wrist/hand supination
Acromioclavicular Joint Excision	Where the patient has undergone an acromioclavicular joint excision progression may be slower, particularly with overhead activities