

## REHABILITATION GUIDELINES

### **SHOULDER - SUBACROMIAL DECOMPRESSION**

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*The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic subacromial decompression. It should not 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. The therapist should consult the referring physician with any questions or concerns.*

#### **INDIVIDUAL CONSIDERATIONS:**

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#### **PHASE I – ACUTE PHASE ( 1-6 weeks)**

##### **Goals:**

- Limit pain (relative rest – avoid pain provoking positions and movements)
- Reduce swelling
- Restore motion

##### **Treatment Recommendations:**

- Ice
- Sling (for 1-2 weeks as needed)
- E-Stim
- Gentle mobilization (Grade I, Grade II)
- Pendulum exercises
- ROM (passive and active assisted and active ROM)
- Non-steroidal anti-inflammatory medication

##### **Precaution:**

- Relative rest is important – reduce inflammation

## **PHASE II – SUBACUTE PHASE (6-12 weeks)**

### **Goals:**

- Eliminate pain
- 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

### **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 (>10weeks)**

### **Goals:**

- Attain full pain free range-of-motion
- 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