This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a decompression surgery. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based decompression guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual’s goals for activity following a sub acromial decompression.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

**General Recommendations/Precautions:**

* Return to work as soon as restrictions accommodated by the patient’s employer.

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| --- | --- | --- |
| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I** *Weeks 0 – 2*  | *Exercises:*1. Pendulums
2. Pulleys – flexion and abduction
3. Active wrist and elbow ROM
4. Cane exercises – AAROM
5. Sub-max isometrics
6. Rhythmic stabilization exercises (internal/external rotation, flexion/extension)

*Modalities*:1. Cryotherapy for pain and swelling
2. Manual for pain and muscle relaxation as well as normalized cervical and thoracic segmental mobility
 | *Goals of Phase:*1. Re-establish non-painful range of motion
2. Prevent muscular atrophy
3. Wean from sling
4. Decrease pain and inflammation
5. Improve postural awareness
6. Independent with ADL’s

*Criteria to Advance to Next Phase:*1. Sutures are removed
2. Full PROM
3. 4/5 MMT arm at side with internal and external rotation
 |
| **Phase II***Weeks 2 – 6* | *Exercises:*1. Isotonic strengthening program

-Prone rowing, shoulder elevation, prone horizontal abduction, prone extension to neutral-Side lying external rotation, side lying abduction to 90 degrees-Advance above exercises with dumbbells and thera band-Initiate upper extremity endurance exercises1. Strengthen scapulo-thoracic musculature-isometric, isotonic, PNF

*Modalities:*1. Continue with cryotherapy and manual Rx for pain and swelling control as needed
2. Scar massage/mobility to ensure appropriate tissue healing
 | *Goals of Phase:*1. Regain and improve muscle strength
2. Normalize arthrokinematics
3. Improve neuromuscular control of shoulder complex

*Criteria to Advance to Next Phase:* 1. Full, pain-free AROM
2. No pain or tenderness on exam
 |
| **Phase III***Weeks 6 and beyond* | *Focus of Phase:** High speed, high energy strengthening
* Eccentric Exercise
* Diagonal Patterns
* Workplace Ergonomics/Work Hardening

*Exercise:*1. Continue dumbbell strengthening of rotator cuff and deltoids
2. Thera band exercises for scapulo-thoracic musculature and biceps
	1. 90/90 position for ER/IR with slow/fast sets
3. Plyometrics for rotator cuff
* 2 handed: chest pass, side to side throws
* 1 handed: Wall dribbles, shovel and baseball throws
1. PNF
2. Continued endurance exercises
 | *Goals of Phase:* 1. Improve strength, power and endurance
2. Progressively increase activities to prepare for full functional return
3. Patient will return to advanced functional activities
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