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 exercises   1. 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 |