



Purpose:

This guideline is designed to return the individual to their full activities as quickly and safely as possible following 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 subacromial 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.

Precautions:

- Return to work as soon as restrictions accommodated by the patient's employer

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Phase I Weeks 0-2	Therapy: <ul style="list-style-type: none"> • Cryotherapy for pain and swelling • Manual for pain and muscle relaxation, as well as normalized cervical and thoracic segmental mobility • Pendulums • Pulleys – flexion and abduction • Active wrist and elbow ROM • Cane exercises – AAROM • Sub-max isometrics • Rhythmic stabilization exercises <ul style="list-style-type: none"> — IR/ER — Flexion/extension 	Goals: <ul style="list-style-type: none"> • Re-establish non-painful range of motion • Prevent muscular atrophy • Wean from sling • Decrease pain and inflammation • Improve postural awareness • Independent with ADL's Criteria to Advance: <ul style="list-style-type: none"> • Sutures are removed • Full PROM • 4/5 MMT arm at side with IR and ER
Phase II Weeks 2-6	Therapy: <ul style="list-style-type: none"> • Cryotherapy and manual for pain and swelling, as needed • Scar massage/mobility to ensure appropriate tissue healing • Isotonic strengthening: <ul style="list-style-type: none"> — Prone rowing — Shoulder elevation — Prone horizontal abduction — Prone extension to neutral 	Goals: <ul style="list-style-type: none"> • Regain and improve muscle strength • Normalize arthrokinematics • Improve neuromuscular control of shoulder complex Criteria to Advance: <ul style="list-style-type: none"> • Full, pain-free AROM

Arthroscopic Subacromial Decompression

GUIDELINE

REAHB SERVICES



	<ul style="list-style-type: none">— Side-lying ER— Side-lying abduction to 90°• Advance above exercises with dumbbells and theraband• Initiate upper extremity endurance exercises• Strengthen scapulothoracic musculature-isometric, isotonic, PNF	<ul style="list-style-type: none">• No pain or tenderness on exam
Phase III Weeks 6+	Therapy: <ul style="list-style-type: none">• High speed, high energy strengthening• Eccentric Exercise• Diagonal Patterns• Workplace ergonomics/work-hardening• Dumbbell strengthening of rotator cuff and deltoids• Theraband exercises for scapulothoracic musculature and biceps• 90/90 position for ER/IR with slow/fast sets• Plyometrics for rotator cuff:<ul style="list-style-type: none">— 2 handed:<ul style="list-style-type: none">⇒ Chest pass⇒ Side to side throws— 1 handed:<ul style="list-style-type: none">⇒ Wall dribbles⇒ Shovel⇒ Baseball throws• PNF• Continued endurance exercises• Weight bearing exercises – progressive	Goals: <ul style="list-style-type: none">• Improve strength, power and endurance• Progressively increase activities to prepare for full functional return• Patient will return to advanced functional activities