

# Hays Medical Center

## Subacromial Decompression

### General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

**Note: This protocol to be used for post-operative Subacromial decompression as well as non-operative management of Shoulder Impingement.**

### PHASE I: (Immediate)

#### Week 1

##### Orthotics-

1. Arm sling to use at all times, other than for exercises, for the first 48 hours. Then use only as needed for comfort.

##### Modalities (PRN)-

1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education
3. Pulsed, low-frequency Ultrasound as needed for pain and inflammation

##### ROM-

1. Progress Wrist, Elbow, and Forearm to full active and passive ROM as tolerated
2. Shoulder Passive and Active-Assisted ROM to 90° of flexion and abduction
3. Internal Rotation to full as tolerated
4. External Rotation to as tolerated at 0° of abduction
5. Check with physician on ROM restrictions if biceps tenodesis accompanied decompression

##### Exercises-

1. Pendulum exercises
2. Scapular Stabilization exercises
3. Isometrics – all planes
  - a. Sub-max, Sub-painful initially. Progress as tolerated

### PHASE II: (Intermediate)

#### Week 2 – 4

##### Modalities (PRN)-

1. Continue Phase I modalities as needed

##### ROM-

1. Progress shoulder flexion and abduction ROM to full as tolerated
2. External Rotation to full as tolerated from 0 to 90° of abduction

# Subacromial Decompression

## Exercises-

1. Progress Phase I exercises as tolerated
2. Progress to resisted strengthening of wrist, forearm, and elbow
3. Active and Active-Assisted shoulder exercises
  - a. Cane, dowel rod, etc
  - b. Pain-free range of motion only
4. Overhead Pulleys / Table slides for ROM
5. Scapulo-Thoracic strengthening
  - a. Progress resistance as tolerated
6. Upper Extremity Bicycle
7. **Week 3-4:** Progress to rotator cuff strengthening as pain and ROM improve
  - a. Keep strengthening below 90° of flexion and abduction
8. Be sure to include Posterior capsule stretching
9. Aquatics

## **PHASE III: (Strengthening)**

### **Week 5 – 6**

#### ROM-

1. Active and passive shoulder ROM should be progressing to full
2. May progress to Internal / External Rotation to full

#### Exercises-

1. Progress Phase II exercises as tolerated
2. May progress shoulder strengthening to overhead activities as pain allows
3. Internal Rotation / External Rotation at 90/90 as appropriate
4. Isokinetics (IR/ER at 240-300 degrees/second)
5. Initiate low level plyometrics
  - Begin with 2-handed, below chest level
  - Progress to overhead and finally 1-handed drills

## **PHASE IV (Advanced Strengthening)**

### **Week 7+**

#### Exercises-

1. Progress Phase III exercises
2. Progress to aggressive total arm strengthening
  - Including free weight and weight machines
3. Initiation of light sports activity
  - See Interval sport programs
4. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function