HaysMed

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

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

Exercises-
1. Progress Phase I exercises as tolerated
2. Progress to resisted strengthening of wrist, forearm, and elbow

(cont'd weeks 2-4)
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

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