



SHOULDER REHABILITATION GUIDELINES FOR SUBACROMIAL DECOMPRESSION WITH/WITHOUT A/C RESECTION WITHOUT ROTATOR CUFF REPAIR

Subacromial decompression is performed for impingement syndrome. A/C resection is performed for osteoarthritis of the A/C joint. Smoking is discouraged for 6 weeks post-operatively to promote healing. Weight loss is encouraged when appropriate to decrease tissue stretching.

Please keep in mind the driving surgical intervention. Sometimes multiple simultaneous procedures are performed on the shoulder. In this event, the driving surgery should take precedence over the other procedures in terms of rehabilitation in the following order: posterior capsular stabilization(either etac or open)>rotator cuff repair>anterior capsulorhaphy(arthroscopic)>SLAP repair>anterior capsulorhaphy or Bankart repair(open)>total shoulder replacement or hemiarthroplasty>biceps tenodesis>adhesive capsulitis MUA or resection>subacromial decompression.

Stage 1(day 1-day 3): The patient may have an immobilizer or sling, but this can be discontinued as patient tolerates. Deltoid activating pendulum exercises (2 minutes--4x/day). May quickly wean from immobilizer or sling. Can passively externally rotate to 30 degrees with arm at the side. Begin gripping exercises with ball or putty. AROM of cervical spine. Cryocuff use encouraged.

Stage 2(day 4- 2 weeks): Can wall climb forward and lateral to 160 degrees 4x/day as tolerated. Can passively or actively externally rotate up to 30 degrees at side and 90 abduction. Passive horizontal flexion 20 degrees passed straight in front of body. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys. Cryocuff use encouraged.

Stage 3(2-6 weeks): Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance. Progress towards 100% range of motion.

Stage 3(6 weeks and 8 weeks): Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may gradually progress up to lifting, pushing, pulling up to 50% of "normal" load.

Stage 4(8 weeks and beyond): Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks. Patient may progress to overhead activities by 3 months post-operative. Start functional rehabilitation for throwing or other functional rehabilitation programs or work conditioning, as necessary.