



*Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists*

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### **REHABILITATION PROTOCOL- Subacromial decompression**

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Special attention must be given to impairments that caused the initial problem. For example, if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

### **INDIVIDUAL CONSIDERATIONS: S/p**

#### **PHASE 1- Surgery to 2 weeks**

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| REHAB GOALS                     | <ol style="list-style-type: none"> <li>1. Reduce pain and inflammation</li> <li>2. Regain range of motion</li> </ol>  |
| PRECAUTIONS                     | <ol style="list-style-type: none"> <li>1. Sling immobilization until nerve block wears off (if applicable)</li> <li>2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed</li> </ol>   |
| RANGE OF MOTION EXERCISES       | <ul style="list-style-type: none"> <li>○ Begin forward elevation in plane of scapula, ER at 30 deg abduction with arm supported</li> <li>○ Elbow, forearm, wrist, hand ROM</li> <li>○ Table slides, wall slides</li> <li>○ Supine forward elevation, cane ER</li> <li>○ Codman's exercises</li> </ul> |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> <li>○ As above</li> <li>○ Side lying PNF to scapula</li> <li>○ LE strength training</li> </ul>   |
| CARDIOVASCULAR EXERCISE         | Stationary bike at one week, minimize excessive perspiration in surgical wounds. Treadmill walking if no sling  |
| PROGRESSION CRITERIA            | <ul style="list-style-type: none"> <li>○ Minimal/no pain</li> <li>○ Wound healing</li> </ul>  |

**PHASE 2- 2-4weeks**

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| REHAB GOALS                     | <ol style="list-style-type: none"> <li>1. Continue to improve on ROM</li> <li>2. Minimize pain and swelling</li> </ol>  |
| PRECAUTIONS                     | <ol style="list-style-type: none"> <li>1. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session</li> <li>2. Avoid repetitive overhead motion</li> </ol>   |
| RANGE OF MOTION EXERCISES       | <ul style="list-style-type: none"> <li>○ Continue phase 1 exercises</li> <li>○ Progress to active assist ROM</li> </ul>   |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> <li>○ Continue phase 1 exercises</li> <li>○ Non-weight bearing UE core stability</li> <li>○ Supine flexion &amp; pulley exercises. Reclined flexion progress to upright forward elevation</li> </ul> |
| CARDIOVASCULAR EXERCISE         | Stationary bike, elliptical, walk/jog/run progression   |
| PROGRESSION CRITERIA            | <ul style="list-style-type: none"> <li>○ No swelling or pain</li> <li>○ &gt;90 degrees of forward elevation &amp; abduction passively</li> </ul>  |

**PHASE 3- 4-8 weeks postop**

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| REHAB GOALS                     | <ul style="list-style-type: none"> <li>○ Full range of motion</li> <li>○ Initiate strengthening</li> <li>○ Normalize shoulder mechanics</li> </ul>                             |
| PRECAUTIONS                     | <ul style="list-style-type: none"> <li>○ Continue ice post-therapy</li> <li>○ Avoid repetitive overhead activities</li> </ul>  |
| RANGE OF MOTION EXERCISES       | <ul style="list-style-type: none"> <li>○ Continue exercises from phase 2.</li> <li>○ Table slides, wall walking</li> </ul>   |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> <li>○ Continue exercises from phase 2</li> <li>○ Theraband flexion, extension, ER/IR</li> <li>○ Scapular stabilization exercises</li> </ul> |
| CARDIOVASCULAR EXERCISE         | Stationary bike increasing resistance, elliptical  |
| PROGRESSION CRITERIA            | <ul style="list-style-type: none"> <li>○ 150 deg of forward flexion, 50 deg of ER at side</li> <li>○ Normal/minimal deficit scapulohumeral rhythm</li> </ul>                   |

**PHASE 4- 8-12 weeks postop**

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| REHAB GOALS                     | <ul style="list-style-type: none"> <li>○ Normal scapulohumeral rhythm</li> <li>○ Full Passive ROM</li> <li>○ Active ROM near full, minimal pain</li> <li>○ 4/5 strength</li> </ul>                                    |
| PRECAUTIONS                     | <p>Post-activity soreness should resolve within 24 hours</p> <p>Avoid post activity swelling</p> <p>No above shoulder repetitive exercises</p>  |
| RANGE OF MOTION EXERCISES       | <ul style="list-style-type: none"> <li>○ Continue with flexibility exercises from previous phase</li> <li>○ LE and core flexibility</li> <li>○ Passive shoulder stretching can be initiated if no full ROM</li> </ul> |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> <li>○ Continue phase 3 activities, progress with weight/resistance</li> <li>○ Sport specific exercises- Jobe exercises, etc</li> </ul>   |
| CARDIOVASCULAR EXERCISE         | <p>Continue from phase 3, progress to baseline</p>  |
| PROGRESSION CRITERIA            | <ul style="list-style-type: none"> <li>○ Full passive, active GH ROM</li> <li>○ No pain or swelling</li> <li>○ At least 4/5 strength</li> <li>○ Normal scapulohumeral rhythm</li> </ul>                               |

**PHASE 5-12+ weeks postop**

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| REHAB GOALS                     | <ul style="list-style-type: none"> <li>○ Normal scapulohumeral rhythm</li> <li>○ Full painless ROM</li> <li>○ 5/5 strength</li> <li>○ Return to sport/work</li> </ul>  |
| PRECAUTIONS                     | <p>Post-activity soreness should resolve within 24 hours</p> <p>Avoid post activity swelling</p>   |
| RANGE OF MOTION EXERCISES       | <ul style="list-style-type: none"> <li>○ Continue with flexibility exercises from previous phase</li> </ul>  |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> <li>○ Continue phase 3 activities, progress with weight/resistance</li> <li>○ Throwers/overhead- begin light tossing, no full windup until 20 weeks</li> <li>○ Limited overhead strokes for swimming, tennis, volleyball</li> </ul> |

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|   | <ul style="list-style-type: none"><li>○ Progress to formal upper body strength &amp; conditioning once athletes have 4+/5 rotator cuff strength, full active ROM, pain free</li><li>○ Sport specific drills when all of above completed</li></ul> |
| <b>CARDIOVASCULAR EXERCISE</b>                    | Continue from phase 3, progress to baseline   |
| <b>PROGRESSION CRITERIA- RETURN TO WORK/SPORT</b> | <ul style="list-style-type: none"><li>○ Full passive, active GH ROM</li><li>○ Normal scapulothoracic &amp; glenohumeral mechanics</li><li>○ 90% strength of contralateral</li><li>○ Completion of sport/work specific program</li></ul>           |