

## REHABILITATION FOLLOWING ARTHROSCOPIC SUBACROMIAL DECOMPRESSION

**PRECAUTIONS:**      **No heavy object lifting overhead**  
                              **No jerking movements**  
                              **Do not use affected shoulder in sitting or rising (most important for**  
                              **the first six weeks to avoid fracture/cracking to the acromion bone**

### I.      Immediate Motion Phase (0-2 weeks)

#### **Goals:**

- Re-establish non-painful ROM
- Retard muscular atrophy
- Re-establish dynamic stabilization
- Decrease pain/inflammation

#### A. Week One

##### Range of Motion:

- Pendulums
- Rope and pulley (non painful arc of motion)
- L-bar exercises (Elevation in scapular plane and ER/IR beginning at 30 degrees abduction and progressing to 45 degrees abduction)

##### Strengthening exercises:

- Isometrics-flexion, extension abduction, ER, IR, biceps
- Rhythmic stabilization exercises (ER/IR and flex/ext)

##### Decrease pain/inflammation:

- Ice, NSAIDS, modalities

#### B. Week Two

- Continue all Rom exercises
- May initiate heat prior to exercise
- Initiate ER/IR with L-bar at 90 degrees abduction
- Progress elevation to full Rom
- Progress isometrics
- Initiate ER/IR tubing at 0 degrees abduction

### II.      Immediate Phase (Week 2-6)

#### **Goals:**

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of the shoulder complex
- Diminish pain

Criteria to progress to Phase II:

1. Full ROM
2. Minimal pain and tenderness
3. Good MMT or IR, ER, flexion

A. Week 2-3

Exercises:

- Initiate isotonic program (no weight)
- Shoulder elevation
- Prone rowing
- Prone horizontal abduction
- Sidelying ER
- Shoulder abduction to 90 degrees
- Shoulder extension to neutral
  
- After one week, provided patient has no pain and proper form, initiate exercise with 1 pound weight
  
- Normalize arthrokinematics of shoulder complex  
Continue L-bar ROM
  - Elevation in scapular plane
  - ER/IR at 90 degrees abduction
  
- Joint mobilization: Inferior, posterior and anterior glides

Decrease pain and inflammation:

- Continue use of modalities, ice as needed
- May use heat prior to exercise program

C. Week 4-5: Progress to fundamental shoulder exercise program

III. Dynamic Strengthening Phase (Week 6-12)

**Goals:**

- Improve strength/power/endurance
- Improve neuromuscular control
- Prepare athlete to return to sport

Criteria to progress to Phase III

1. Full non-painful TOM
2. No pain or tenderness
3. Strength 70% compared to contralateral side

A. Week 6-8

Exercises:

- Continue isotonic program – fundamental shoulder
- Progress strengthening exercises
- Continue neuromuscular control exercises for scapular muscles
- Continue endurance exercises
- Initiate plyometric activities (2 hand drills)
  - If patient's goal is sport activities-chest pass and side to side throws

Week 9-12

- Continue all exercises
- Initiate on hand plyometric drills (wall dribbles, baseball throws, shovel throws)
- Initiate sport program (week (10-12) if patient achieves specific criteria

Return to Activity Phase (13-22)

**Goals:** Progressively increase activities to prepare for full functional return

Criteria to progress to Phase IV

1. Full ROM
2. No pain or tenderness
3. Satisfactory muscular strength
4. Satisfactory clinical exam

A. Exercises:

- Continue ROM and strengthening program
- Continue self capsular stretches as needed
- Continue fundamental shoulder exercise program
- Continue or initiate interval sports program
- Gradually return to overhead activities i.e. sports

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