



**BRIGHAM AND WOMEN'S HOSPITAL**

A Teaching Affiliate of Harvard Medical School  
75 Francis St., Boston, Massachusetts 02115

Department of Rehabilitation Services

## **Post Operative Arthroscopic Subacromial Decompression Protocol**

The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone an arthroscopic subacromial decompression. It is not intended to 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. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

### **Phase 1: (1-2 weeks)**

#### **Goals:**

- Restore non-painful range of motion (ROM)
- Retard muscular atrophy
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living (ADLs)
- Prevent muscular inhibition
- Wean from sling

#### **Precautions:**

- Care should be taken with abduction (with both active range of motion (AROM) and passive range of motion (PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided

#### **Range of Motion:**

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)
- AROM
- Pendulums
- Pulleys
- Cane exercises
- Self stretches

**Strengthening:**

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

**Modalities:**

- Cryotherapy
- Electrical stimulation-inferential current to decrease swelling and pain (as indicated and/or needed)

**Criteria for progression to phase 2:**

- Full active and passive ROM
- Minimal pain and tenderness

**Phase 2: Intermediate Phase (2-6 Weeks)****Goals:**

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

**Exercises:**

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

**Manual Treatment:**

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

**Modalities:**

- Cryotherapy
- Electrical stimulation - inferential current to decrease swelling and pain (as indicated and/or needed)

**Criteria for Progression to Phase 3:**

- Full painless ROM
- No pain or tenderness on examination

### **Phase 3: Dynamic (Advanced) Strengthening Phase: (6 weeks and beyond)**

#### **Goals:**

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

#### **Emphasis of Phase 3:**

- High speed, high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns

#### **Exercises:**

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)

#### **Written by:**

Ethan Jerome, PT  
5/2005

#### **Reviewed by:**

Marie Josie Paris, PT  
Reginald Wilcox, PT  
Kenneth Shannon, PT

### **Bibliography / Reference List**

1. Brotzman B, Wilk K. Clinical Orthopedic Rehabilitation. CV Mosby. 2<sup>nd</sup> edition 2003.
2. Wilk, K. Course notes: Recent Advances in the Evaluation and Treatment of the Shoulder "New Millennium Edition."