

## Arthroscopic Sub-acromial Decompression (ASD) (+/- ACJ excision/ longhead of biceps tenotomy)

### Introduction

The physiotherapy programme will need to be individualised for each patient, all exercises should be performed without pain and the details of specific restrictions will be in the post-operative instructions. If you have not received these please ring the consultant's secretary.

Emphasise to the patient the importance allowing soft-tissue healing in the first two phases.

Alongside this we aim to regain passive range of movement (PROM) and good scapula-humeral rhythm (SHR) before moving onto strengthening in stage 3. The milestones may be used to assess whether you feel the patient is making good progress or not.

Shoulder rehabilitation is more than strength-training of the shoulder muscles alone. The (neuromuscular) rehabilitation addresses the whole shoulder girdle, upper extremity, core stability and training of the kinetic chain.

### Notes

Irreparable rotator cuff tear: if the rotator cuff tissue is insufficient to allow a repair, please provide and guide the patient through an Anterior Deltoid Programme. Also for InSpace™ implantation (Ballon): please see OrthoSpace InSpace™ implantation protocol and [orthospace.co.il/professional/demo-videos/](http://orthospace.co.il/professional/demo-videos/)

### Phase 1 (1–14 days)

#### Goals

- > Management of pain, inflammation and muscle inhibition
  - Analgesics, NSAID's, ice, sling, passive movement and posture
- > Teach shoulder girdle control/setting and relaxation
  - Retraction and depression
- > Gradually increase PROM as tolerated/not into pain/do not force or stretch
  - Pendulum with good SHR
  - ER/IR
- > Gradually progress to active-assisted range of movement (AAROM) and active range of movement (AROM) as tolerated/not into pain/do not force or stretch
- > Hand, wrist, elbow and neck range of movement (ROM) exercises as required
- > Advice on sleeping position
- > Prevent muscle atrophy
  - Sub-maximal, pain-free isometrics in neutral (<30% maximal voluntary contraction) as tolerated

#### Precautions

- > Sling usually for 3-7 days for comfort as required
- > Keep wounds clean and dry

#### Milestones

- > Pain, inflammation and muscle inhibition well managed
- > Return to pre-operative sleep patterns
- > Good scapula setting

## Arthroscopic Sub-acromial Decompression (ASD)

(+/- ACJ excision/ longhead of biceps tenotomy)

### Phase 2 (day 15–6 weeks)

#### Goals

- > Continue to manage and reduce pain, inflammation and muscle inhibition
  - As Phase 1
  - Alternate treatment strategies as appropriate e.g. manual therapy techniques, taping
- > Once stitches have been removed begin scar massage
- > Gradually restore full, pre-op PROM as tolerated/not into pain/do not force or stretch
- > Gradually restore full, pre-op active range of movement (AROM) as tolerated/not into pain/do not force or stretch
- > Re-establish dynamic shoulder stability
  - Ensure good SHR through PROM and use it to guide progression of AAROM and AROM
- > Progress to maximal, pain-free isometrics
- > Gradually introduce proprioceptive exercise, lower limb and core strengthening as required and light, early-stage sport-specific exercises
- > Gradually return to light, non-repetitive functional activities

#### Milestones at 6 weeks

- > Minimal pain, inflammation and muscle inhibition
  - > Good SHR with AROM
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### Phase 3 (7–14 weeks)

#### Goals

- > Full PROM
  - Introduce multi-directional stretching into end of range as tolerated/not into pain
  - Capsular stretches (especially posterior capsule if tight) as tolerated/not into pain
- > Continue to gradually restore pre-operative AAROM and then AROM with good SHR as tolerated/not into pain
- > Gradually introduce and progress shoulder strengthening as tolerated/not into pain
  - Introduce scapular stabilisation exercises
  - Progress cuff strengthening, progressing from maximal isometrics to isotonic strengthening as tolerated/not into pain
  - Progress proprioceptive exercises
  - Gradually progress to shoulder and upper limb strengthening as long as the patient is able to elevate the arm without the shoulder or scapular ‘hitching’
  - Gradually progress to dynamic and rhythmic stabilisation exercises
- > Progress lower limb and core strengthening as required

#### Precautions

- > Avoid excessive loading of shoulder
  - No heavy, repetitive or prolonged overhead activities

#### Milestones at 14 weeks

- > Resolved pain, inflammation and muscle inhibition
  - > AROM with good SHR through elevation to 100% of pre-operative range
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## Arthroscopic Sub-acromial Decompression (ASD) (+/- ACJ excision/ longhead of biceps tenotomy)

### Phase 4 (3–9 months)

#### Goals

- > Maintain full PROM
  - Continue multi-directional stretching into end of range as tolerated/not into pain
- > Full pre-operative AROM with good SHR as tolerated/ not into pain
- > Progress shoulder strengthening as tolerated/not into pain
  - Progress cuff strengthening and scapular stabilisation exercises
  - Progress shoulder and upper limb strengthening ensuring good SHR
  - Progress dynamic and rhythmic stabilisation exercises
- > Gradually progress functional activities
- > Gradually progress sport-specific exercises

#### Precautions

- > Continue to avoid excessive loading of shoulder
  - No heavy, repetitive or prolonged overhead activities

#### Milestones at 4 months

- > Full pain-free motion with good SHR
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### Contacts

Mr G Jennings (TR & Orth)  
01761 422 259

or contact the Circle Bath Physiotherapy team  
01761 422 388

[www.shoulderspecialists.co.uk](http://www.shoulderspecialists.co.uk)