

**SUBACROMIAL DECOMPRESSION REHABILITATION PROTOCOL****PHASE I – Immediate Post Surgical Phase (Day 1-14):****Goals:**

- Restore non-painful range of motion (ROM)
- Prevent muscular atrophy and inhibition
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living (ADLs)
- 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, including posterior capsule, upper trapezius, and pectoralis major<sub>2</sub>

**Strengthening:**

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

**Modalities:**

- Cryotherapy
- Electrical stimulation and/or 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 II - Intermediate Phase (2-6 Weeks)**

### **Goals:**

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of shoulder complex
- Continue to wean from sling if applicable

### **Precautions:**

- Overhead activities
- Heavy lifting

### **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 - interferential 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 III - 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<sup>3</sup>
- Diagonal patterns
- Workplace ergonomic assessment and/or work hardening program referral as needed <sup>1</sup>

### **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

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- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises

#### **Criteria for discharge from skilled therapy**

- Patient able to maintain non-painful AROM
- Maximized functional use of upper extremity
- Maximized muscular strength, power, and endurance
- Patient has returned to advanced functional activities

#### **REFERENCES**

1. Jackins S. Postoperative shoulder rehabilitation. *Phys Med Rehabil Clin N Am.* 2004;15:vi, 643-82.
2. Hultenheim Klintberg I, Gunnarsson AC, Styf J, Karlsson J. Early activation or a more protective regime after arthroscopic subacromial decompression--a description of clinical changes with two different physiotherapy treatment protocols--a prospective, randomized pilot study with a two-year follow-up. *Clin Rehabil.* 2008;22:951-965.
3. Fyfe I, Stanish WD. The use of eccentric training and stretching in the treatment and prevention of tendon injuries. *Clin Sports Med.* 1992;11:601-624.