

## **Island Orthopaedics and Sports Medicine, P.C.**

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### **POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC SUBACROMIAL DECOMPRESSION**

*Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.*

**\*\*In the presence of a Distal Clavicle Resection or Distal Clavicle Excision, internal rotation will be delayed until 3-4 week period and cross-body adduction until the 6-week period to avoid stress on the AC joint.**

#### **Post-op week 1:**

- Pendulums
- Gentle pain-free PROM
- Supine AAROM with stick for forward elevation and external rotation (Shoulder at 30-45 degrees of abduction and arm at least level with abdomen for ER (use towel roll/pillow). May perform self supine FE if unable to tolerate stick.
- Sub-maximal pain-free isometrics all planes.
- Elbow, wrist, hand AROM (elbow only if no contraindications-SLAP repair, biceps tenodesis or tenotomy)
- Modalities (Ice, electrical stimulation)
- Avoid lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side.

#### **Post-op week 2:**

- Pendulums
- PROM as tolerated
- Continue supine AAROM with stick.
- Continue isometrics
- Elbow, wrist, hand AROM (elbow only if no contraindications as noted above)
- Modalities (Ice, electrical stimulation)
- Avoid lifting, pushing, pulling, carrying, AROM forward elevation, and sleeping on the involved side.

*\*The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

***Post-operative guidelines for arthroscopic subacromial decompression.***

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**Post-op week 3-4:**

- Pendulums
- Strive to achieve full PROM
- Stretch posterior shoulder/capsule (Sleeper stretch) if pain-free and not in the presence of a distal clavicle resection/excision.
- Supine AAROM with stick
- Pulley in scapula plane with quality ROM (no scapula hike).
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint).
- Scapula control exercise by PT in side-lying: active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Side-lying ER/IR-Begin with AROM using weight of arm and may progress at end of stage to 1 lb. weight if pain-free with quality ROM.
- Prone row/extension to neutral-Begin with AROM and progress with 1 lb. weight.
- Initiate AROM forward elevation in the scapula plane in pain-free ROM beginning with gravity eliminated positions (supine and side-lying) and progress according to quality of motion (semi-recumbent, sitting and/or standing). Avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended. Can begin with supported and progress to unsupported AROM exercises.
- Bicep (if not contraindicated)/triceps strengthening
- Modalities for pain

**Post-op week 5-6**

- Continue all PROM/AAROM/AROM exercises
- Initiate light resistance if normal AROM in these planes without abnormal or substituted movement patterns. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
  - Side-lying ER/IR
  - Prone extension/row
  - Scapula protraction supine
  - Elastic band/tubing for ER, IR, extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing.
  - Prone horizontal abduction
- Active forward elevation with thumb-up, “full can” position and progress to resisted with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike
- Continue glenohumeral stabilization and rhythmic stabilization exercises
- Continue scapula stabilization exercises (manual resistance, scapula PNF)
- UBE
- Begin closed chain exercises

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**Post-op week 7-8**

- Progress strengthening program
- PROM and stretching as needed
- Begin PNF patterns
- Closed chain exercises

**Post-op week 9-10**

- Progress open and closed chain exercises as appropriate
- Maintain PROM and flexibility
- Begin light functional activity as appropriate and within surgeon's guidelines
  - Return to work considerations
- Begin light plyometrics if cleared by physician

**Post-op week 11-12**

- Continue strengthening and stabilization program
- Progress functional activities
- Begin sport specific activity when cleared by physician