

# POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

## Sub Acromial Decompression

Surgery is performed for symptoms of impingement that have not responded to conservative care or for pain relief for massive rotator cuff damage which is not repairable (see end paragraph below).

They are normally ARTHROSCOPIC (*but if the procedure is OPEN, and Anterior Deltoid has been detached, flexion is protected for four weeks*).

### CONTRAINDICATIONS:

There are no contraindications, unless open procedure (see above).

### Inpatient – Day surgery:

Aim to get early movement within the tolerance of pain.

Effects of scalene block may be wearing off still

Give booklet

Scapula movements, Pendular exercises, Active assisted elevation, External rotation

**Arrange OP physiotherapy appointment for 3–4 weeks in local facility.**

Outpatient shoulder clinic appointment 4 weeks post operatively (either Doctors or Extended Scope Practitioner)

### Outpatient - Emphasis on

- a) scapula stability & progressive strengthening
- b) regaining range of movement – lat rot, flexion and horizontal flex
- c) rotator cuff control & **strength** – inferior cuff > supraspinatus - pain – free
- d) functional/general strengthening
- e) posture and in work & leisure activities

### Scapula rehabilitation important

**Do not work in impingement range (if painful)**

**Do not target supraspinatus/mid Deltoid work unless weak & painfree**

**Exercises should be pain-free (but difficult!)**

**If limited/no change in pain post-op, assess cervical/thoracic spine**

### Guidelines for returning to activities

Driving within 1 week

Back to work within 1 week if light/sedentary, 2–4 weeks if lifting or sustained overhead postures required (and were able to work pre op)

80% feel improvement in 3 months. Can improve for up to one year.

*If this procedure is done for a massive rotator cuff tear which is un-repairable, weakness will remain, but pain should be relieved. Work on r.o.m. and function, trying to get as much active anti-gravity elevation rom as possible using other muscle groups. Work through progressive training programme (e.g. short lever – elbow flexed; supine, assistance, pulleys, up wall to free active) – some may well respond (now pain level is reduced).*