

OUTPATIENT POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

Sub-Acromial Decompression.

These guidelines are for use with patients who have had a sub-acromial decompression. If a patient has had any additional procedures, post-operative notes will need to be adhered to. 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.

Patients undergoing surgery are not routinely referred for physiotherapy following surgery. There will be a review at three - four weeks post operatively in the Shoulder clinic. If the patient is not recovering ROM and strength they will be referred to the physiotherapy outpatient department.

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

General guidelines for rehabilitation

There will be variation in the ability of patients to regain movement following surgery and some patients will report considerable discomfort for up to 6 weeks following the procedure.

Week 0 - 2

Aims	Suggested Treatment
<ul style="list-style-type: none"> • Reduce swelling • Pain well controlled • Wounds healthy • Return to light work/ driving as comfortable 	<ul style="list-style-type: none"> • Regular ice as needed • Elbow, Neck, Thoracic & Wrist ROM exercises • Give post-op booklet by day-care nursing staff • Gentle ROM active assisted to active as able for the GH joint • Education on rehabilitation and expectations • Scapula setting in sitting • No routine OPA required

Restrictions	Key Milestones to Achieve
<ul style="list-style-type: none"> • No contraindications or precautions, however encourage patient to work within comfortable ranges. 	<ul style="list-style-type: none"> • Pain controlled

Emphasis ‘passive’ nature of the movement – reinforce this with the patient

Week 3-6

Aims	Suggested Treatment
<ul style="list-style-type: none"> • Minimal swelling • Aim to regain FROM GH joint • Minimal pain • Improve scar mobility • Return to moderate work / school if swelling controlled • Postural awareness • Increase ROM 	<ul style="list-style-type: none"> • Regain full active range of movement at GH joint – lateral rot, flexion & horizontal flexion • Scapula stability work • Rotator cuff control and strength <ul style="list-style-type: none"> ○ Inferior cuff (Teres & Infraspin) – minimal/no pain • Maintain lower body strength • Elbow, Neck, Thoracic and Wrist ROM • Core stability work incorporating lower limbs

Restrictions	Key Milestones to Achieve
<ul style="list-style-type: none"> • Do not target supraspinatus/ mid Deltoid work unless weak & painfree (ie. Not provoking resting or night pain) • Avoid working in impingement range (if painful) 	<ul style="list-style-type: none"> • Adequate scapula control • Pain control

Week 6 - 12

Aims	Suggested Treatment
<ul style="list-style-type: none"> • Minimal swelling • Minimal Pain • Postural control • Optimal movement patterning • Good dynamic proprioception • Improve power/ endurance of operated shoulder 	<ul style="list-style-type: none"> • Core stability work • Proprioception exercises – weight bearing/ 4 point kneeling • Progress cuff activity • Progress scapula muscle activity - LFT – progress to prone as comfortable • Normal movement patterning – no shoulder hitching • Plyometric exercises • Sport specific agility exercises if required

Restrictions	Key Milestones to Achieve
<ul style="list-style-type: none"> • No restrictions • Avoid working in impingement range (if resting and night pain is elicited or worsened) • Exercises should be pain-free (but difficult) 	<ul style="list-style-type: none"> • ROM should be approximately 100% of contralateral side

Advice on Return to Activity

- **Driving:** When adequate ROM and safe to control the car. Able to react in the event of an emergency i.e. able to perform an emergency stop. This may be around the 1-2 week period.
- **Work:** Those in desk based roles should be able to return to work in approximately 1-2 weeks, providing the employer approves. If the job role involves lifting or sustained overhead postures then patients may take a little longer (2-4 weeks)
- **Swimming:** As symptoms allow and scar must be fully healed.

Expectations

80% of patients feel an improvement in pain symptoms within 3 months. However, symptoms 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 ROM 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 ROM work) – some patients may respond well (now the pain level has reduced).

References

Holt, M, Gibson, J. & Frostick, S. 'GOST3: Guide for Orthopaedic Surgeons and Therapists'. 3rd Ed, Liverpool Upper Limb Unit and South Manchester University Hospitals Trust, Biomet-Merck.

Contact Biomet-Merck for copies- useful closed kinetic chain exercises

Kibler, W B, McMullen, J and Uhl, T (2001). 'Shoulder rehabilitation strategies, guidelines and practice', Orthopedic Clinics of North America, 32, 3, 527-538.

McMullen, J & Uhl, T (2000). 'A kinetic chain approach for shoulder rehabilitation', Journal of Athletic Training, 35, 3, 329-337.