SHOULDER SUBACROMIAL DECOMPRESSION POST-OPERATIVE GUIDELINES

The following Subacromial Decompression Guidelines were developed by HSS Rehabilitation. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression but do not replace clinical judgement. If a subacromial decompression was performed with a distal clavicle resection your surgeon may have additional restrictions. You may have undergone other surgical procedures (such as a rotator cuff repair or SLAP repair) in addition to the subacromial decompression. If so, you should review carefully and refer to the clinical guidelines for those procedures.

The acute phase is focused on protecting the surgical site, regaining pain-free range of motion (ROM), and low-level shoulder girdle strengthening. Phases one and two focus on achieving full shoulder girdle ROM and advancing shoulder strength and stability exercises in preparation for sport specific/recreational activity training. With completion of phase two the patient may advance to phase three which comprises advanced sport specific training, if needed. Cardiovascular endurance, hip and core strengthening should be addressed through the rehabilitation process. The clinician should use their skilled judgement and decision making as progressions may not be linear.

FOLLOW SURGEON MODIFICATIONS AS PRESCRIBED

SHOULDER SUBACROMIAL DECOMPRESSION POST-OPERATIVE GUIDELINES

Phase 1: Weeks 0-2 (Recovery)

PRECAUTIONS

- Sling adherence – 1-2 weeks or physician recommendation
    - Unless bathing, dressing, or performing home exercise program (HEP)
- Protecting surgical site
- Avoid painful motions and pain provoking activities (e.g., sleeping on shoulder, reaching overhead, reaching behind the back, carrying heavy items)
- If combined with distal clavicle resection avoid horizontal adduction for 8 weeks

ASSESSMENT

- Quick Disabilities of Arm, Shoulder, and Hand (Quick DASH)
- American Shoulder and Elbow Surgeons Score (ASES)
- Numeric Pain Rating Scale (NPRS)
- Wound inspection
- Edema
- Posture
- Scapular positioning and mobility
- Upper quarter neurological screen, including dermatomes, myotomes, reflexes
- Cervical screen
- UE Flexibility
- Upper extremity (UE) passive range of motion (PROM)
- UE active range of motion (AROM), where appropriate
- Manual muscle testing (MMT), where appropriate

TREATMENT RECOMMENDATIONS

- Patient education
- Activity modification
- Shoulder PROM: all motions to tolerance
- Shoulder active assisted range of motion (AAROM): all motions to tolerance
    - Pendulums
    - Table slides in scaption
    - Pulley's
    - Shoulder flexion with cane
    - Shoulder external rotation (ER) with cane
- Shoulder AROM: cervical spine, elbow, wrist, hand

- Strengthening
    - Scapular stabilization exercises (e.g., seated scapula retraction/protraction)
    - Rotator cuff and deltoid isometrics
    - Grip strengthening
- Cryotherapy, as needed

CRITERIA FOR ADVANCEMENT

- Adhering to precautions and education
- Discharge from sling

EMPHASIZE

- Pain-free with exercise
- Shoulder PROM/AAROM

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Phase 2: Weeks 3-6

PRECAUTIONS

- Protecting surgical site
- No lying on surgical side
- Avoid painful motions and activities
- No forced horizontal adduction

ASSESSMENT

- Quick DASH
- ASES
- NPRS
- Wound inspection
- Edema
- Posture
- Scapular positioning and mobility
- Scapulohumeral rhythm
- Upper quarter neurological screen, including dermatomes, myotomes, reflexes
- Cervical screen
- Joint mobility: shoulder girdle and thoracic spine
- UE flexibility
- Shoulder PROM
- UE AROM
- MMT, where appropriate

TREATMENT RECOMMENDATIONS

- Patient education
- Cryotherapy, as needed
- Activity modification
- Joint mobilization, as needed
- Shoulder PROM/AAROM/AROM: achieve full motion
    - Pendulums
    - Table slides in scaption
    - Pulley's

    - Shoulder flexion with cane AAROM
    - Shoulder ER with Cane AAROM
    - Behind the back shoulder stretch
- AROM: cervical spine, elbow, wrist, hand
- Strengthening
    - Scapular stabilization exercises (e.g., prone row, prone T's, serratus punches)
- Rotator cuff and deltoid isometrics progressing to isotonic exercise

CRITERIA FOR ADVANCEMENT

- Full shoulder AROM
    - No excessive scapular elevation with shoulder flexion and abduction
- Pain-free ADL

EMPHASIZE

- Avoid painful activities
- Full shoulder motion

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Phase 3: Weeks 7-12

PRECAUTIONS

- Avoid painful motions and activities
- Avoid horizontal adduction until week 8 if distal clavicle resection

ASSESSMENT

- Quick DASH
- ASES
- NPRS
- Posture
- Scapular positioning and mobility
- Scapulohumeral rhythm
- Joint mobility – shoulder girdle and thoracic spine
- UE Flexibility
- UE PROM
- UE AROM
- UE MMT, may include handheld digital dynamometry

TREATMENT RECOMMENDATIONS

- Patient education
- Cryotherapy, as needed
- Activity modification
- Continue ROM/flexibility exercises to maintain full motion
- Joint mobilization, as needed
- Strengthening
    - Scapular stabilization exercises (e.g., prone row, prone I-T-Y, serratus punches)
    - Rhythmic stabilization
    - Isotonic rotator cuff strengthening, as tolerated (e.g., sidelying ER, tubing ER/internal rotation (IR))
    - Proprioceptive neuromuscular facilitation
- Weeks 8-12
- Initiate closed chain exercises and plyometric exercise

CRITERIA FOR ADVANCEMENT

- Pain-free with ADL's
- Normalized scapulohumeral mechanics
- Full shoulder ROM
- 5/5 UE MMT

EMPHASIZE

- Avoid tissue irritation
- Scapular stability
- Achieving full shoulder ROM
- UE strength

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Phase 4: Weeks 13+

PRECAUTIONS

- Avoid painful motions and activities

ASSESSMENT

- Quick DASH
- ASES
- NPRS
- PROM
- AROM
- Posture
- Scapular positioning and mobility
- Scapulohumeral rhythm
- Joint mobility: shoulder girdle and thoracic spine
- UE flexibility
- MMT, may include handheld digital dynamometry
- Closed kinetic chain stability test

TREATMENT RECOMMENDATIONS

- Continue ROM and strengthening exercises
- Closed chain exercises
    - Progress bilateral to unilateral
- Plyometric exercises
    - Progress bilateral to unilateral
- Initiate sport specific exercises

CRITERIA FOR DISCHARGE

- Pain free ADL's and/or sport specific training
- Full return to sport
- Independent with comprehensive HEP

EMPHASIZE

- Gradual return to activities/sports

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References

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