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## REHABILITATION PROTOCOL FOR SUBACROMIAL DECOMPRESSION

### PHYSIOTHERAPY GUIDELINES

This is a guideline for your physiotherapist to help you progress your shoulder rehabilitation over the next 12 weeks so that you can achieve a functional shoulder. A *physiotherapist* who is experienced in shoulder rehabilitation should be consulted throughout the programme to teach and individually modify your programme.

#### Immobilisation/Movement Restrictions

|  |  |
|--|--|
| Wear sling/immobiliser                             | During the day _____ weeks<br>At night _____ weeks |
| Additional restriction of range of motion required | YES Motion: _____<br>Restriction: _____<br>NO      |
| Protection of biceps tendon required               | YES Duration _____<br>NO                           |

#### Consulting At:

- Melbourne Orthopaedic Group, 33 The Avenue, Windsor 3181
- Glenferrie Private Hospital, 29 Hilda Crescent, Hawthorn 3122
- Level 4, 250 Collins Street, Melbourne 3000

## EXERCISES/TREATMENT FOR EACH STAGE OF REHABILITATION

### 1-14 DAYS

#### Manual Physiotherapy

Heat may be utilized prior to exercise.

Ice may be applied post exercise.

Gentle massage around the shoulder girdle, trigger points; supraspinatus, infraspinatus and biceps belly.

#### Range of Motion Exercises

*Active assisted ROM exercises:*

Full range of motion – supine flexion, ER/IR supine 0°-20° abduction (arm supported on towel), extension in standing.

Arm supported or hanging, whatever is most comfortable.

*Active Range of Motion:*

Elbow flexion/extension, forearm supination/pronation.

Wrist flexion / extension.

#### Strengthening Exercises

*Pendular exercises:*

– Flexion/extension, circular, horizontal flexion/extension respecting pain.

– Arm supported not hanging.

\* (Arm may need to be in neutral rotation if internal rotation compresses the biceps)

*Isometric scapula rotation setting drills only:*

Scapula elevation, retraction, depression.

#### Precautions/Dosages

Exercises performed three times per day or as pain determines.

Usually stretches are held for a count of 5 and repeated ten to twenty times dependent on pain.

Exercises may be progressed as rapidly as pain and swelling allows.

## EXERCISES/TREATMENT FOR EACH STAGE OF REHABILITATION

### 2-3 WEEKS

#### Range of Motion Exercises

*Active assisted ROM exercises:*

ER/IR still performed in supine with arm supported but may progress up to 90° abduction.  
HF & HBB – lower ranges of elevation as long as no pain produced by biceps.

*Active Motion:*

Full shoulder active motion without pain limits.

#### Strengthening Exercises

*Resistance exercises:*

May commence as pain allows.

- Isometric Extension with elbow bent.
- Flexion with elbow bent.
- ER/IR may need to perform in plane of the scapula.
- Elbow flexion (unless biceps tenodesis).

Only perform if no night pain present. If night pain present then leave and commence when night pain settles.

Shoulder Shrugs performed – no resistance.

#### Precautions/Dosages

Exercises performed three times per day or as pain determines.

Usually stretches are held for a count of 5 and repeated ten to twenty times dependent on pain.

Exercises may be progressed as rapidly as pain and swelling allows.

## EXERCISES/TREATMENT FOR EACH STAGE OF REHABILITATION

### 3-6 WEEKS

#### Manual Physiotherapy

Heat may be utilized prior to massage and stretching (if required).

Ice may be utilized (if required).

Gentle massage around shoulder girdle, trigger points in supraspinatus, infraspinatus and biceps belly.

#### Range of Motion Exercises

Continue to work on any movement restrictions but be careful with horizontal flexion/hand behind back if the restriction is due to biceps pain (treat biceps and wait until it settles before stretching into these directions).

#### Strengthening Exercises

- Resistance is applied either through Theraband or light weights. Commence with light
- resistance (yellow or red) of ½kg and then increase as tolerated. Resistance drills should only be performed initially once a day until it is clear that no aggravation of the tendon or joint is going to occur. May progress to performing twice a day.
- For most exercises endurance repetitions are recommended and rarely are any drills progressed past 2kg maximum in the first twelve weeks.
- Shoulder shrugs.
- Supine flexion (arm may need to be supported by a rolled up towel to prevent arm dropping into extension).
- Sidelying external rotation (may need to commence with arm supported in front of the body on a pillow or some books and an additional towel between the elbow and the patient's side).
- Supine internal rotation (arm may need to be supported by a rolled up towel to prevent arm dropping into extension).
- Bent over rows in neutral to 30° abduction.
- Biceps/triceps.
- Abduction and adduction may be performed as required and without pain.

All resistance exercises are performed below shoulder height for the first six weeks post operation.

#### Precautions/Dosages

Perform all exercises twice a day.

Most exercises are held for a count of 5 and repeated to a maximum of twenty repetitions. Stretches may be held for longer durations as required up to a count of 15 seconds, usually ten repetitions.

## EXERCISES/TREATMENT FOR EACH STAGE OF REHABILITATION

## **6-8 WEEKS**

### **Strengthening Exercises**

- External and internal rotation may be performed in higher degrees of abduction from six weeks onwards working up to above 90° of abduction. Only partial arc of motion may be initially performed to avoid compression of the rotator cuff.
- Strengthening further into range as pain and range of motion allows. Never load the tendon into end of range if shoulder stiffness is present or increase compression on the cuff.

## **8 WEEKS ONWARDS**

### **Advanced Strengthening**

#### **Strengthening Exercises**

Prone horizontal extension drills are commenced into higher range of abduction until 90° reached, elbow bent, short lever. If specific abduction strength is required then middle deltoid drills may be commenced in sitting to 45° abduction. Weight bearing drills commenced as required such as push ups. Commence on the wall and then progress to knees. Care as weight bearing in the first eight weeks may aggravate compression of the rotator cuff. Hence activities such as yoga are not recommended for the first eight weeks unless they are performed in a modified fashion so as not to either stress the end range of motion or involve weight bearing of the glenohumeral joint. Progress all exercises in a functional position for sport and occupation.

#### **Precautions/Dosages**

Strength work is performed usually once per day and still focus on endurance. If required from three months onwards return to gym programmes may commence with some low load hypertrophy drills incorporated. In general for most exercises outlined rarely would any weight heavier than 4kg be recommended for most men and 3kg for most women. No heavy weights are performed, particularly overhead and in general it is preferred that incline bench, dips and chin ups are not performed. Gradually encourage return to occupational and recreational activities with graduated interval retraining programmes.