

The following subacromial decompression guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. **Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression.** The rehabilitation program following subacromial decompression emphasizes early mobilization and scapular stability. Strengthening exercises emphasize balance of the shoulder girdle musculature. Care should be taken to avoid activities that increase pain and inflammation

## Follow physician's modifications as prescribed

### POST – OPERATIVE PHASE I (DAYS 0-14) MAXIMUM PROTECTION PHASE

#### GOALS:

- Control post-op pain and swelling
- Elevation in plane of scapula: to 150°
- External Rotation to 75°
- Independent with light activities of daily living, dressing
- Independent home exercise program

#### Emphasize:

- Avoiding overhead activities
- Controlling pain and inflammation

#### PRECAUTIONS:

- Pain with exercises
- Overhead activity
- Carrying heavy objects

#### TREATMENT RECOMMENDATIONS:

- Codman's/ pendulums, AAROM elevation in plane of scapula, cane ER in plane of scapula, scapular mobility and stability (sidelying, progressing to manual resistance, and Theraband resistance) sub-max deltoid isometrics in neutral, distal strengthening, modalities for pain and edema
- Emphasize patient compliance to HEP and protection during ADLs
- Other: \_\_\_\_\_

#### MINIMUM CRITERIA FOR ADVANCEMENT:

- Controlled pain
- Elevation in plane of scapula to 150°
- External rotation to 75°
- Independent home exercise program

#### MODIFICATIONS TO PHASE I:

Patient Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ M.D. Date: \_\_\_ / \_\_\_ / \_\_\_



# Sports Rehabilitation & Performance Center Subacromial Decompression Guidelines<sup>©</sup> \*

## POST – OPERATIVE PHASE II (WEEKS 2-6)

### GOALS:

- Restore full ROM
- Strength 4/5 throughout involved upper extremity
- Independent with light ADLs
- Normal scapulohumeral rhythm <90° elevation
- Independent home exercise program

### Emphasize:

- Avoiding overhead reaching until adequate ROM and strength
- Overusing the shoulder
- Avoiding heavy lifting

### PRECAUTIONS:

- Avoid overhead reaching until appropriate ROM and strength have been achieved
- Avoid painful ROM

### TREATMENT RECOMMENDATIONS:

- ROM (active and passive), capsular stretching and joint mobilization, advance scapular strengthening below the horizontal, Initiate submaximal rotator cuff strengthening (begin with isometrics), progress deltoid strengthening, hydrotherapy, UE PREs, upper body ergometry, modalities, progress HEP
- Other: \_\_\_\_\_

### MINIMUM CRITERIA FOR ADVANCEMENT:

- Minimal pain and inflammation
- Full ROM
- Strength 4/5 throughout involved upper extremity
- Normal scapulohumeral rhythm <90 degrees elevation

**MODIFICATIONS TO PHASE II:**

Patient Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ M.D. Date: \_\_\_ / \_\_\_ / \_\_\_

## POST – OPERATIVE PHASE III (WEEKS 6-10)

### GOALS:

- Full shoulder range of motion
- Restore normal scapulohumeral rhythm throughout ROM
- Upper extremity strength 5/5
- Restore normal flexibility (equal to opposite side)

### Emphasize:

- Avoiding inflammation of rotator cuff
- Establishing normal strength base

### PRECAUTIONS:

- Avoid pain with therapeutic exercise and functional ADL
- Avoid return to sport activities until adequate flexibility and strength have been established.

### TREATMENT RECOMMENDATIONS:

- Continue ROM activities, flexibility exercises, joint mobilization, capsular stretching, advanced scapular and rotator cuff strengthening (overhead as appropriate), humeral head rhythmic stabilization, PNF diagonal patterns as tolerated, UE endurance (UBE), initiate flexibility exercises as needed, modalities prn, modify and advance HEP
- Other: \_\_\_\_\_

### MINIMUM CRITERIA FOR ADVANCEMENT:

- Full PROM
- Painfree AROM
- Strength 5/5 throughout upper extremity
- Good flexibility
- Normal scapulohumeral throughout the ROM

### MODIFICATIONS TO PHASE III:

Patient Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ M.D. Date: \_\_\_ / \_\_\_ / \_\_\_

## POST – OPERATIVE PHASE IV (WEEKS 10-14)

### GOALS:

- Isokinetic testing to be >85% of the contralateral side (internal/external side)
- Pain-free during all sport-specific drills
- Functional strength, flexibility, and endurance to meet demands of the individual's sport

### PRECAUTIONS:

- Avoid pain with therapeutic exercise and functional ADL
- Avoid return to sport activities until adequate flexibility and strength have been established

### TREATMENT RECOMMENDATIONS:

- Full UE strengthening, sport-specific plyometrics, isokinetic training and testing, advanced neuromuscular training, begin sport-specific drills/ interval throwing program (surgeon-directed)

### CRITERIA FOR DISCHARGE/ RETURN TO SPORT:

- Patient has met strength, flexibility, and endurance goals specific to his or her sport
- Isokinetic IR/ER strength at least 85% of the unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Pain-free during all sport-specific drills

**MODIFICATIONS TO PHASE IV:**

**Patient Name:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **M.D. Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_