

PROTOCOL FOR ARTHROSCOPIC SUBACROMIAL DECOMPRESSION

This procedure is carried out for patients with shoulder impingement signs. They will have already failed to respond to a course of physiotherapy including:

- Posture correction.
- Scapular setting.
- Rotator cuff rehabilitation.

AIMS FOR THE EARLY PHASE - 0-4 WEEKS

- Restore full active ROM.
- Correct abnormal posture.
- Correct abnormal movement pattern.
- Reduce the risk of capsulitis.
- Diminish pain and inflammation.

Inpatient

- Ensure adequate pain relief.
- Removal of sling for exercises (discard <24 hours).
- Elbow, wrist and hand exercises.
- Pendular exercises.
- Posture correction.
- Scapular setting in neutral.
- Assisted range of movement exercises.
- Isometric rotator cuff exercises.

Ensure out-patient physiotherapy arranged

Out-patients - <2 weeks

- Re-assess active ROM. Continue capsular stretches.
- Check scapular stability throughout ROM.
- Correct abnormal movement pattern.
- Commence closed chain rotator cuff exercises as pain allows.
- Continue posture correction and core stability if required.
- Commence proprioception exercises.

AIMS FOR THE ADVANCED PHASE – 4-12 WEEKS

- Ensure full capsular extensibility.
- Ensure scapular stability throughout ROM.
- Ensure glenohumeral stability throughout ROM.
- Enhance power, strength and endurance.
- Function specific re-education.

4 weeks – 12 weeks

- Check capsular extensibility including posterior capsule.
- Ensure ROM to pre-op status or above.
- Progress rotator cuff strengthening (closed chain → open chain, theraband, PNF) as pain allows.
- Advanced scapular setting including kinetic chain.

12 weeks

- Check full capsular extensibility.
- Check rotator cuff control for specific work/sport activities through ROM.

References

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