Lewis L. Shi, MD University of Chicago Orthopaedics, Shoulder surgery Postoperative therapy protocol

Arthroscopic Subacromial Decompression Postop therapy protocol

This protocol provides the therapists with a general guideline for patients after this type of procedure. Each patient's surgery and postoperative progress may be different, and this protocol is not intended to substitute for one's clinical decision making based on exam findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Weeks 1-2

- Shoulder immobilizer is wear for 2-3 days for comfort or until nerve block is worn off
- Range of motion exercises to be initated
 - PROM (non-forceful flexion and abduction)
 - Active assisted range of motion (AAROM)
 - AROM
 - Pendulums
 - Pulleys please provide home unit if feasible
 - self stretches
- Care should be taken with abduction (with both active range of motion (AROM) and passive range of motion (PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided
- Strengthening:
 - Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
 - Isotonic: theraband internal and external rotation in 0 degrees abduction
- Cryotherapy
- Electrical stimulation-inferential current to decrease swelling and pain (as indicated and/or needed)

Weeks 2-6

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises
- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation
- Continue cryotherapy as needed
- Electrical stimulation inferential current to decrease swelling and pain (as indicated and/or needed)

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Weeks 6 and beyond

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)