

# Arthroscopic Decompression

## Rehabilitation Protocol

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### **Introduction:**

- This rehabilitation protocol has been developed for the patient following an arthroscopic subacromial decompression procedure (SAD). The SAD procedure is performed for shoulder impingement syndrome that fails to improve with conservative measures. Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.

### **Goals of rehabilitation are to:**

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy is to begin post-op week #1. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program.

### **Important post-op signs to monitor:**

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

### **Return to activity:**

- It requires both time and regular clinic evaluation to safely and efficiently return to functional activity.
- Adequate strength, flexibility, and endurance are all necessary to return to high level function, all of which are addressed in this program.
- Functional evaluation including strength and range of motion testing are required to assess a patient's readiness to return to sport.
- Return to intense activities following an arthroscopic subacromial decompression requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

**Phase 1: Week 1-2**

**Range of Motion:**

- **NO Limits on pain free motion**
- Scapular ROM is critical
- Wand exercises-in all planes as tolerated
- Rope/Pulley (flex, abd, scaption)
- Posterior capsule stretch
- Towel internal rotation stretch
- Pendulum exercises
- Manual stretching and mobilization of post capsule

**Strength:**

- Periscapular muscle strengthening and coordination critical
- Supine PNF patterns, punches
- Initiate IR/ER, biceps, triceps with tubing
- Initiate scapular stabilizer strengthening
- Shoulder shrugs and retractions
- Supine rhythmic stabilization at 60°, 90°, 120° flexion

**Modalities:**

- E-stim as needed
- Ice 15-20 minutes

**Goals for Phase 1:**

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Enhance upper extremity strength
- Independent in HEP

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### **Phase 2: Week 2-6**

#### **Range of Motion:**

- Scapular ROM is critical
- Posterior capsule stretch
- Towel internal rotation stretch
- Manual stretching and joint mobs to reach goal
- Wand exercises-in all planes
- Rope/Pulley (flex, abd, scaption)

#### **Strength:**

- Periscapular muscle strengthening and coordination critical
- Initiate UBE for warm-up
- Initiate forward flexion, scaption, empty can
- Prone abduction with ER, extension
- Sidelying ER, prone ER at 90° abduction
- Progress bicep and tricep work
- Progress scapular stabilizer strengthening
- Initiate push-up progression, seated rows
- Initiate plyotoss chest pass and overhead pass
- Progress rhythmic stabilization exercises to standing

#### **Modalities:**

- Ice 15-20 minutes

#### **Goals for Phase 2:**

- Minimize pain and swelling
- Achieve full ROM
- Progress upper extremity strength and endurance
- Enhance neuromuscular control

**Phase 3: Week 6-12**

**Range of Motion:**

- Scapular ROM is critical
- Continue all ROM activities from previous phases
- Posterior capsule stretch
- Towel internal rotation stretch
- Manual stretching and Grade II-III joint mobs to reach goal

**Strength:**

- Periscapular muscle strengthening and coordination critical
- Continue all strengthening from previous phases increasing resistance and repetitions
- UBE for strength and endurance
- Initiate isokinetic IR/ER at 45° abduction at high speeds
- Progress push-up from wall, to table, to floor
- Initiate ER with 90° abduction with tubing
- Progress overhead plytoss for dynamic stabilization
- Progress rhythmic stabilization throughout range of motion
- Initiate lat pulldowns and bench press
- Progress PNF to high speed work
- Initiate plyoball figure 8 stabilizations

**Modalities:**

- Ice 15-20 minutes

**Goals for Phase 3:**

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics
- Clinical examination with **no** impingement signs

**Phase 4: Week 12-24**

**Range of Motion:**

- Scapular ROM is critical
- Continue all ROM activities from previous phases
- Posterior capsule stretch
- Towel internal rotation stretch
- Grade III-IV joint mobs as needed to reach goal

**Strength:**

- Periscapular muscle strengthening and coordination critical
- Continue with all strengthening exercises from previous phases increasing weight and repetitions
- Continue total body work out for overall strength
- Initiate light plyometric program
- Initiate military presses in front of neck
- Initiate and progress sport specific and functional drills
- Initiate interval throwing program

**Modalities:**

- Ice 15-20 minutes as needed

**Goals for Phase 4:**

- Maximize upper extremity strength and endurance
- Maximize neuromuscular control and arthrokinematics
- Return to sports specific training/functional training