

# Subacromial Decompression Protocol

Week One	Weeks Two To Four
<p align="center"><b>Initial Evaluation</b></p>	<p align="center"><b>Evaluate</b></p>
<ul style="list-style-type: none"> <li>➤ Posture and position of the shoulder girdle</li> <li>➤ PROM</li> <li>➤ Inspect for incisional integrity and infection</li> <li>➤ Asses RTW and sport expectations.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Asses AROM, Glenohumeral rhythm, and substitution patterns.</li> <li>➤ Periscapular and rotator cuff strength.</li> </ul>
<p align="center"><b>Patient Education</b></p>	<p align="center"><b>Patient Education</b></p>
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds</li> <li>➤ Discuss frequency and duration of treatment (1-3x/wk is expected for 2-6 weeks depending on how the patient presents)</li> <li>➤ Educate patient regarding shoulder mechanics as it relates to posture and position of the shoulder girdle.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue education regarding correction of abnormal movement pattern and posture.</li> </ul>
<p align="center"><b>Therapeutic Exercise</b></p>	<p align="center"><b>Therapeutic Exercise</b></p>
<ul style="list-style-type: none"> <li>➤ AAROM may include pendulums, table slides for flexion, IR/ER with stick in open packed position, or pulleys.</li> <li>➤ May initiate submaximal isometrics</li> <li>➤ Ensure completion of HEP includes AAROM activities for restoration of ROM</li> </ul>	<ul style="list-style-type: none"> <li>➤ UBE for shoulder girdle warm up with focus on posture.</li> <li>➤ Initiate isotonic for periscapular and rotator cuff strengthening (Rows, close-grip pulldowns, serratus punches, external rotation, and supraspinatus raises)</li> <li>➤ May initiate closed chain and proprioceptive activity.</li> <li>➤ Aquatics; Week 2 if incision is healed perform at chest deep water for comfort and maximal ROM. Walking with arm movement for ROM and strengthening. May use resistance if pain free. Advance to shallow water if no shoulder compensation in movement. Add closed chain exercise with kickboard, and rhythmic stab with ball.</li> </ul>
<p align="center"><b>Manual Techniques</b></p>	<p align="center"><b>Manual Techniques</b></p>
<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as needed</li> <li>➤ Initiate gentle mobilization of incision when appropriate</li> <li>➤ Rhythmic stabilization in supine</li> </ul>	<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as needed</li> <li>➤ Continue incisional mobilization and desensitization as indicated</li> <li>➤ Consider use of proprioception neuromuscular facilitation</li> </ul>
<p align="center"><b>Modalities</b></p>	<p align="center"><b>Modalities</b></p>
<ul style="list-style-type: none"> <li>➤ Any modalities as indicated for reduction of symptoms and effusion</li> </ul>	<ul style="list-style-type: none"> <li>➤ Any modalities as indicated for reduction of symptoms and effusion</li> </ul>
<p align="center"><b>Goals</b></p>	<p align="center"><b>Goals</b></p>
<ul style="list-style-type: none"> <li>➤ Restore PROM</li> <li>➤ Reduce post-operative symptoms</li> </ul>	<ul style="list-style-type: none"> <li>➤ Full Active ROM</li> <li>➤ No pain with ADL's</li> <li>➤ Prevent incisional adherence</li> </ul>

<b>Weeks Four To Discharge</b>
<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Address any deficits that may limit return to work or sport goals.</li> <li>➤ HEP compliance</li> </ul>
<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Continue education regarding correction of abnormal movement pattern and posture.</li> </ul>
<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Progress to exercise above shoulder height.</li> <li>➤ Progress to work and sport specific activity</li> <li>➤ Encourage participation in the CFA or establish independent HEP to include strengthening of periscapular and rotator cuff musculature.</li> <li>➤ Aquatics; Continue with ROM and walking exercises. May increase speed of movement and add resistance. Increase cardio in deep water and add swimming if pain free.</li> </ul>
<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Any manual techniques as indicated.</li> </ul>
<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any modalities as indicated.</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Normal strength</li> <li>➤ Return to work or sport</li> <li>➤ Independence with HEP</li> </ul>

#### References

- Yoshitsugu Takeda MD, Shinji Kashiwaguchi MD PHD, Kenji Endo MD, Tetsuya Matsuura MD, Takahiro Sasa MD. The most effective Exercise for Strengthening the Supraspinatus Muscle. Evaluation by Magnetic Imaging. The American Journal of Spots Medicine Vol. 30, No. 3 (2002)
- Shim J.Y., Park, M.C., Lee S.Y., Lee M.H., Kim, H.H. The Effects of Shoulder Stabilization Exercises and shoulder Isometric Resisted exercises on Shoulder Stability and Hand Function. J. Phys. Ther. Sci. Vol 22 (2010)
- Castillo-Lozano R<sup>1</sup>, Cuesta-Vargas A<sup>2</sup>, Gabel CP<sup>3</sup>. Analysis of arm elevation muscle activity through different movement planes and speeds during in-water and dry-land exercise. J Shoulder Elbow Surg. 2014 Feb;23(2):159-65. doi: 10.1016/j.jse.2013.04.010. Epub 2013 Jul 5.

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