

Arthroscopic Subacromial Decompression Rehabilitation Framework

General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Weeks 1-2 post-op (0-1 PT visits)

1	Rest, immobilize to protect shoulder, decrease inflammation
2	Ice, NSAIDS, Analgesics
3	Codmans/pendulum exercises
4	Deltoid isometrics
5	Elbow/hand/wrist PRE's

Weeks 2-4 post-op (visit PT 2-3x/wk)

1	AAROM and AROM, emphasizing forward flexion (supine best)
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2	Joint mobilization/PROM stretching prn
3	ER/IR isometrics
4	Begin scapular stabilization program
5	UE large muscle PRE's (e.g. pects., lats, traps)

Weeks 4-6 post-op (visit PT 1-2x/wk)

1	Restore full PROM/AROM
2	Continue UE PRE's
3	Continue Aggressive scapular stabilization PRE's
4	Begin isotonic ER/IR exercises below horizon, emphasizing eccentrics
5	Begin biceps PRE's

Weeks 6-8 post-op (visit PT 1x/wk)

1	Begin functional exercises/work conditioning
2	Begin ER/IR isokinetic rehab (for athletes, if available)
3	Continue scapular stabilization program, flexibility stretching
4	Limited return to sports

Weeks 8-12 post-op (visit PT 1x/wk)

1	Aggressive UE PRE's all muscles
2	Plyometrics for overhead athletes
3	Cont. isokinetics
4	Begin throwing program if appropriate
5	Work conditioning/hardening prn.
6	Return to sports/work as able