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Therapist Information and Guidelines

Subacromial Decompression

This procedure increases the size of the subacromial space.
Evidence of inflammation or scuffing on the under surface of the acromion, coraco-acromial ligament and on the bursal side of the rotator cuff ("kissing lesion") indicates the presence of an impingement. The operation may involve the removal of anterior osteophytes, bursectomy, partial resection of the coraco-acromial ligament and anterior acromioplasty. The acromioclavicular joint (ACJ) remains is not violated unless excision is clinically indicated. If resected, the superior AC ligament remains intact so that the joint remains stable.

The shoulder can remain painful for a significant amount of time, therapy should not cause an increase in the patients level of pain.

Patient's are informed pre-operatively to expect improvement in their symptoms in the order of 10% per month.

Post Op

Patients wear a polysling initially for pain management, this should be discarded as pain allows over the 1st 1-2 weeks.

The sling is for comfort and can be removed for hygiene needs and physiotherapy exercises.

Day 1

Finger, wrist, R/U joint and elbow exercises.
Gentle pendular exercises.
Teach postural awareness and scapular setting.
Teach pendular exercises.

> 1 - 2 Weeks

Active assisted glenohumeral movements in all planes and pulley exercises, moving into range as pain allows.
Progress to active exercises, increasing range as pain allows.
Commence isometric rotator cuff strengthening and progress as pain allows.
Progress to isotonic strengthening through range when pain allows.
Continue with scapular stability exercises.

Over-zealous physiotherapy and repetitive or sustained overhead activities could lead to delayed recovery.

6 Weeks

Manual therapy to increase ROM if necessary (do not force into pain).

Milestones:

Patient should have regained pre-op range of movement by 6 weeks.
Some discomfort with movement above 90° is normal - patient should be advised to avoid pushing into pain and to avoid any aggravating activities.
Progress of patients with ACJ excision may be slower. ***It is important to avoid repetitive or sustained overhead activity at or above the shoulder height for 3 months.***

Aims of Physiotherapy:

Patient should have regained pre-op range of movement by 6 weeks.
Some discomfort with movement above 90° is normal - patient should be advised to avoid pushing into pain and to avoid any aggravating activities.
Progress of patients with ACJ excision may be slower. ***It is important to avoid repetitive or sustained overhead activity at or above the shoulder height for 3 months.***

Return to Functional Activities

These are approximate guidelines only as each patient will progress at a different rate. These should be seen as the earliest that these activities may commence.

Driving: 1 - 2 Weeks
(only if patient feels they are safe)

Return to work: Dependant on patients occupation
Manual job: may need to modify activities for 3 months

Swimming: Breaststroke: 2-3 weeks

Freestyle: 3 months

Golf: 6 weeks (not driving range)

Lifting: As able

Racquet sports: Sport specific training when comfortable
Competitive play after 3 months
Should be guided by the surgeon