

# Arthroscopic Subacromial Decompression

## Phase 1-Acute Phase

### Goals:

- Limit pain, reduce swelling, and restore motion

### Treatment Recommendations:

- Ice, sling, e-stim, NSAID's
- Pendulum exercises, gentle mobilization with passive and active assist through pain free arc

### Precaution:

- Relative rest is important to reduce inflammation

## Phase 2-Subacute Phase

### Goals:

- Eliminate pain, restore full active motion
- Restore good glenohumeral and scapulohumeral rhythm
- 4/5 strength of upper extremity muscles including scapular stabilizers

### Treatment Recommendations:

- Modalities as needed
- Start with active ROM through available range
- Add isometrics below shoulder level
- Flexibility of the cervical, shoulder and scapular muscles
- Non-involved upper extremity and bilateral lower extremity exercises

### Precautions:

- All active and isometric exercises should be muscle specific
- All movements and activity increasing symptoms should be eliminated
- Isometrics are to be modified (position change) if patients's symptoms are made worse

## Phase 3-Strengthening Phase

### Goals:

- Attain full pain-free ROM and full pain-free resistive ROM
- 5/5 strength in all shoulder girdle muscles with perfect symmetrical scapulohumeral rhythm
- Negative Neer and Hawkin's sign

**Treatment Recommendations:**

- Continue with ice, previous exercises
- Progress resistance to overhead and above horizontal
- Add resistance to scapular exercises
- Work on quality of motion, not just resistive training
- Work on balance of the rotator cuff muscles
- Start sport specific/work specific exercises
- Weight-bearing upper extremity
- Water resistive exercises

**Precautions:**

- Do not forget entire body

**Phase 4- Criteria for Return to Work/Sport****Goals:**

- Full pain-free ROM
- 5/5 strength in all upper extremity and scapular muscles
- Normal scapulohumeral rhythm with and without resistance
- Good trunk and lower extremity strength
- Able to compete throwing sport specific or work tasks without pain, signs of instability or impingement

**Precautions:**

- It should be noted that time frames for these phases and overlap time frames for these phases cannot be given. It is based on exercise intensity, pain, underlying instability, acute versus chronic conditions, healing time and strength.
  - Rehabilitation should be progressive, always achieving a pain-free state and always acutely aware of the patient's safety