Orthopaedic pathway
Subacromial Decompression of shoulder

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	19th July 2023
Review Date	19th July 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25th January 2023	Document extended to 30th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19th July 2023	Document reviewed and approved for 3 years	Therapies Governance Group

Subacromial Decompression – Arthroscopic

All consultants
This procedure may include ACJ excision- these patients maybe slower to reach milestones due to pain. Check operation notes and if there has been a Rotator Cuff repair at the same time then follow the protocol for Rotator Cuff repairs.

IN-PATIENT (pre or post op)

- Teach pendular exercises
- Teach active assisted exercise of the glenohumeral joint, progressing to active as comfort permits
- Teach scapula setting in neutral
- Postural correction
- Document passive range of movement
- Elbow, wrist and hand exercises
- Patients should aim to discard sling within first 2-3 days (pain permitting)
- In the first 3 weeks following surgery there are no limitations to movement and the patient should be encouraged to move the shoulder into range as pain allows. Isometric strengthening can begin immediately post operatively and progressed using pain and range of motion as the limiting factor.
- Arrange Out-patient physiotherapy
- **It should be remembered that over zealous physiotherapy or repetitive sustained overhead activity could lead to delayed healing and pain.**

OUT-PATIENTS

0-2 Weeks – check and advise

- Check active and passive range of movement
- Check home exercise regime and progress to include rotator cuff and scapula stabiliser exercises as appropriate
- Isometric rotator cuff exercises as comfortable, using pain and ROM as a limiting factor
- Advise re: active ROM exercises if indicated
- Emphasise inferior cuff control to prevent “hitching”
- Monitor Scapula and humeral control throughout available ROM

3 weeks onwards - Aims of Physiotherapy

- Full range of movement with good control, as pain permits
- Improve postural awareness
- Initiate or improve scapular stability
- Strengthen the rotator cuff throughout ROM
- Restore shoulder proprioception through open and closed chain activities
- If rotator cuff deficient, strengthen anterior deltoid (this should only be commenced when the patient has sufficient range of flexion and should be progressed from supine as the patient is able)

Milestones

Week 3 – Passive flexion is usually full and active flexion and abduction comfortable to 90 degrees. It is normal for there to be some discomfort with movement above 90 degrees.(The progression of patients with ACJ excision may be a little slower)
Week 4 – full active ROM – probably still some discomfort on movement of arm above head
Week 6 - 8 – review by Consultant team
Active and passive range of movement should be equal to pre-operative range of movement
Further physiotherapy if milestones not met
3 months – 80% improvement in symptoms and will continue to improve for up to one year

Return To Functional Activities

THESE ARE APPROXIMATE AND MAY DIFFER DEPENDING ON EACH PATIENT'S INDIVIDUAL ACHIEVEMENTS. HOWEVER THEY SHOULD BE SEEN AS THE EARLIEST THAT THESE ACTIVITIES MIGHT COMMENCE.

Driving	1 week (If no longer using sling and patient feels competent to drive)
Return to work – Sedentary	1 week
Medium-light lifting i.e. to shoulder level	4-6 weeks
Heavy lifting i.e. above shoulder level	3-4 months
Leisure – avoid sustained/repetitive overhead activities	3 months
Swimming Breaststroke	as soon as comfortable
Crawl	3 months
Golf	6 weeks

It is important to avoid repetitive or sustained overhead activities at or above shoulder height for 3 months.

Return to work is very much dependant on patient's occupation but if it involves overhead activities then they will need to modify their activities for 3-4 months.