Hendricks Regional Health
ORTHOPEDICS

HENDRICKS ORTHOPEDICS
& SPORTS MEDICINE
100 Hospital Lane, Suite 300
Danville, IN 46122
317.718.4676

SUBACROMIAL DECOMPRESSION

1. Timelines
    a. Follow Up with Surgeon:
        i. **2 weeks** post-op via a telemedicine visit. Please send updated PT notes to surgeon on last visit before telemedicine visit. Pt will be submitting on their own a picture of the incision via their EMR portal day before surgery. Fax therapy notes to (317) 718-2676
        ii. **6 weeks** in person with the surgeon. Please send therapy notes before follow-up appt.

    b. **Suture Removal**: Therapist to remove portal sutures at days 10-14.
        i. Apply steri-strips over portal after removing sutures.

2. Defined
    a. Inferior aspect of the acromion is shaved to increase joint space
    b. May be done in conjunction with resection of the distal third of the clavicle (Mumford procedure)
3. Goals
    a. Protect healing tissue
    b. Control post-operative pain and swelling
    c. Improve post-operative range of motion
    d. Improve functional strength, stability, and neuromuscular control
4. Rehabilitation Principles
    a. Tissue reactivity of the shoulder and tissue healing will dictate the rehabilitation process. Reactivity is determined by the clinical exam
        i. Level I Reactivity
            1. Resting pain, pain before end range
            2. Aggressive stretching is contradicted
            3. Grade I-II mobilization for neurophysiological effect
        ii. Level II Reactivity
            1. Pain onset occurs with end range resistance
            2. Grade III and IV mobilization appropriate per patient tolerance
        iii. Level III Reactivity
            1. Engagement of capsular end feel with little or no pain
            2. Pain occurs after resistance
            3. Grade III and IV mobilization and sustained stretching is appropriate
    b. Eliminate inflammation as the cause of pain and neuromuscular inhibition
    c. Ensure return of appropriate joint arthrokinematics
    d. Apply techniques in loose packed unidirectional and progress to close packed an multidirectional based on tissue healing and patient response

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e. Facilitate performance of complex skills with proprioceptive and kinesthetic techniques: low to high, sagittal to frontal, bilateral to unilateral, stable to unstable, slow to fast, fixed to unfixed surface
f. Encourage life-long activity modification with education on ergonomics, working within the shoulder safe zone with reduced reaches and overhead work where applicable
g. Factors that affect the rehab process
    i. Surgical approach
    ii. Tissue quality
    iii. Presence of concomitant pathology
    iv. Age of patient
    v. Comorbidities
    vi. Pre and intra-operative range of motion
    vii. Pain and sensitivity levels
    viii. Cognitive abilities

5. Post op functional guidelines
    a. Dependent on functional range and strength, and neuromuscular control
    b. Drive 1-3 weeks
    c. Work 4-8 weeks for physically demanding job
    d. Sport 4-8 weeks
6. Post op equipment guidelines
    a. Sling PRN for comfort
    b. Polar Care PRN for comfort
7. Rehabilitation
    a. Week 1-2; Protective ROM Phase
        i. Precautions/limits
            1. Based on rehab principles of tissue reactivity
        ii. Rx/Clinical Expectations
            1. Full ROM
            2. Isometrics to prevent atrophy
    b. Week 2-6; Intermediate Phase
        i. Precautions/Limits
            1. Based on rehab principles of tissue reactivity
        ii. Rx/Clinical Expectations
            1. AAROMN & AROM
            2. Grade III-IV mobs
            3. Strengthening exercises
            4. NMR exercises
    c. Week 6-12; Dynamic Strengthening
        i. Rx/Clinical Expectations
            1. Plyometric
            2. Functional Exercises
            3. NMR exercises

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4. Grade III-IV MOBS

d. Week 12-16: Return to activity
    i. Rx/Clinical Expectations
        1. Job/Sport specific simulation

8. References

a. Blackburn, Turner A, et al. Rehabilitation after Ligamentous and Labral Surgery of the Shoulder: Guiding Concepts. Journal of Athletic Training 200;35(3):373-381
b. Reed BV. Wound healing and the se of thermal agents. In: Thermal Agents in Rehabilitation 3rd ed. 1996:3-29