

ORTHOARIZONA

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Arthroscopic Subacromial Decompression (Acromioplasty) Protocol

Recommendations:

- Wear sling as needed for comfort only.
- Encourage PROM at home daily by family member for the first 2 weeks.
- Ice 3 - 4 times daily for the first week, then as needed thereafter.
- Return to work and sport to be determined on an individual basis by the physician.
- **NOTE:** With an Open Acromioplasty, no extension or forward elevation (**active or resistive**) for 4 weeks to protect the anterior deltoid. Therefore, delay protocol ~ 2 weeks.

Post-Op Protocol:

0 - 1 Week:

- Discontinue sling after 1 week.
 - Emphasize proper posture when sitting and standing.
1. PROM to tolerance.
 2. AAROM (cane, self-stretch).
 3. Sub-maximal isometrics for all shoulder motions within pain-free ROM.
 4. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression.

1 - 2 Weeks:

- Full PROM by 2 weeks.
 - Progress AAROM/Begin AROM within pain-free ROM.
1. Progress AAROM including pulleys and UBE for motion.
 2. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation ($\leq 90^\circ$) and side lying internal and external rotation. Progress to prone horizontal abduction (thumbs up) at 100° of abduction, prone external rotation in $90/90^\circ$ position, and prone extension, all within pain-free ROM.
 3. Soft tissue massage when portals heal.

2 - 4 Weeks:

- Full AROM by 3 weeks.
- Begin RROM within pain-free ROM.

1. Begin PRE's with hand weights, theraband, etc. within pain-free ROM.
2. Initiate scapulothoracic strengthening exercises including seated rows. Progress to prone horizontal abduction (thumbs up) at 150° and 90° of abduction (last 20° of available range only).
3. Begin open kinetic chain rhythmic stabilization progression.
4. Initiate upper extremity endurance training on UBE. Begin general cardiovascular training including walking, stationary cycling, etc.
5. Begin gentle closed kinetic chain (CKC) balance and stabilization progression.

4 - 6 Weeks:

- Equal strength, bilaterally, by 6 weeks.
1. Progress PRE's as tolerated.
 2. Progress closed kinetic chain exercises including seated press-ups, step-ups, BAPS board, treadmill and push-ups with a plus (wall to floor progression).
 3. Progress to manual resistive exercises including PNF techniques.
 4. Begin isokinetic internal and external rotation (0° abduction --> scapular plane --> 90/90° position progression).
 5. Begin work-specific activities as appropriate.

6 - 8 Weeks:

- Emphasize concepts of frequency, duration and intensity of training.
1. Begin low-level plyometrics including 2-hand plyoback ball toss, theraband exercises and medicine ball activities.
 2. Initiate sport-specific activities such as throwing, racquet/club strokes, etc. with progression toward full return to activities.