

Subacromial Decompression

Sling	What can I do from day 1?	Restrictions?	Commence strengthening?
2-3 days	Active assisted/active supported ROM respecting pain	Respect pain and avoid abduction in coronal plane first week. Avoid repeated functional overhead activities first 2/52.	Dependent on pain, dynamic control and ROM –avoid lifting first two weeks then according to pain.

Pre-operatively

- Teach active assisted/active supported mobilisation programme
- Teach elbow/wrist and hand exercises
- Advice re postural awareness / movement pattern correction
- Patient education regarding procedure and expectations

Factors that may affect progression rate;

- Pre-operative status/stiffness
- Age
- Cervical spine involvement e.g. previous whiplash/cervical spondylosis/previous episodes cervical spine pain
- Associated procedures e.g. ACJ excision/biceps tenotomy

Treatment note: The emphasis of rehabilitation is progressive functional range of movement and activity respecting pain. It is key to educate patients regarding pain and to reduce fear and anxiety. Often these patients need minimal physiotherapy input however, those with significant stiffness, a significant cervical spine component or co-morbidities require early physiotherapy input.

Acute phase (0-2 weeks¹)

¹Timescales are general guidelines only and are dependent on individual patient factors and pre-operative status/history

Sling

This is worn for 2-3 days for comfort. The sling is removed to allow axillary hygiene and when the patient is doing their exercises.

Avoid:

- X Abduction in the coronal plane
- X Heavy lifting
- X Sustained/ Repeated overhead activities

Goals:

- Diminish pain and inflammation
- Restore pain-free range of movement
- Improve postural awareness
- Prevent compensatory movement patterns that may compromise recovery
- Minimise muscle inhibition

Rehabilitation:

Treatment Note:

NB. The following are considerations for exercise inclusion however in reality these can be incorporated in 2-4 key exercises. Clinical reasoning of the patient's key issues will inform which factors are priorities. It is important not to prescribe too many exercises as this has been shown to impact adherence.

- Elbow, wrist and hand exercises
- Closed kinetic chain /proprioception exercises
- Active assisted/active supported mobilisation respecting pain
- Isometrics rotator cuff
- Simple Scapula mobilisation exercises e.g. shoulder shrug
- Movement pattern correction/encourage light functional activity

Criteria for progression:

- Well controlled pain
- Range of movement
- Absence of significant compensatory movement patterns
- Compliance with exercises

Treatment note:

Patients require adequate rotational range (both internal and external rotation) to effectively recruit the rotator cuff through full range of elevation.

If patients have cervical spine involvement it is important to address this as part of postoperative management with appropriate manual therapy and inclusion of cervical spine exercises with upper limb exercises. Associated cervical spine pain/pathology is often associated with higher pain levels post-operatively and slower progression rates.

Intermediate stage (2-6 weeks¹)

Goals:

- Reduce pain and inflammation
- Restoration functional range of movement including full elevation range
- Re-educate cuff recruitment and scapula control through range
- Prevent compensatory movement patterns that may compromise recovery

Avoid:

- X Heavy Lifting
- X Sustained/ Repeated overhead activities

Rehabilitation:

- Mobilisation capsular restriction soft tissue mobilisation if required
- Progress cuff and scapula recruitment through range
- Progress kinetic chain integration
- Increase functional emphasis movement pattern correction
- Closed kinetic chain work to enhance co contraction

At this stage it is essential that any exercise prescription ensures that the patient is able to maintain good cuff and scapula control i.e. there should be no evidence of significant scapula winging, or compensatory muscle patterning¹ (commonly involving latissimus dorsi or pectoralis major) during exercise execution. Continued patient education regarding transfer of good movement pattern to function is encouraged.

Criteria for progression:

- Pain-free functional range of movement
- Pain-free with activities of daily living
- Good control rotator cuff and scapula musculature through functional range

Late stage (6+ weeks*)

Goals:

- Restore optimal cuff and scapula control through range under load
- Optimise function specific power, strength and endurance
- Return to full work/ sport and recreational activities

Rehabilitation:

- Ensure regain full range of movement into combined positions
- Enhance neuromuscular control through range and incorporated with kinetic chain

- Function specific strengthening and endurance exercises
- Through range strengthening rotator cuff and scapula musculature

Patients returning to sport or with high functional demands may require more advanced strengthening to ensure they regain maximal tensile strength and functional endurance.

Expected outcomes

The aim of these expected outcomes is to help clinicians set realistic expectations for patients in terms of timescales for recovery.

These reported outcomes are derived from a review of recent literature of ASAD. The quality of literature is insufficient to draw an unequivocal conclusion as to what the expected course of outcome following ASAD is, however the findings do suggest some typical patterns in recovery.

OUTCOME	<3 Months	3-6 Months	6-12 Months
Function	The greatest improvement in functional outcome measure occurs.	Continued improvement. 76--80% of patients will report a minimally clinically important change by 6 months post--op	Improvement continues but at a slower rate.
Pain	Most patients report improvement in VAS score of approx. 50% by 3 months post--op	60--65% Of patients will be "pain--free" (VAS<3) within this time--frame.	Improvement continues but at a slower rate.
Return to work (RTW)	Mean RTW for all patients is 10 weeks post--op. Mean RTW for Non--Manual workers is 8 weeks	Mean RTW for Manual workers is 12 weeks.	Patients with concomitant ACJ excision or other pathologies, and those with higher BMI may take longer to recover and RTW within this time--frame.