

## **ARTHROSCOPIC DEBRIDEMENT/ AND/OR SUBACROMIAL DECOMPRESSION PROTOCOL**

This rehabilitation program is designed to return the athlete/patient to full function as quickly as possible. Progression is dependent upon response of the patient. Some people are able to progress more quickly than others. Patient symptoms, pain, swelling, and ROM will dictate progression.

**\* Subacromial Decompressions may move 1 – 2 weeks more slowly through the protocol than a debridement. Progress as symptoms allow**

### **Phase I – Immediate Motion Phase**

Goals:

- Reduce pain and inflammation
- Prevent negative effects of immobilization
- Re-establish full, non-painful range of motion
- Prevent muscular atrophy

### **Week 1 (Day 1-7)**

Flexibility exercises:

- Pendulum exercises
- Shoulder shrugs/squeezes, elbow, forearm, wrist ROM
- Wand exercises: flexion, scaption, ER/IR (start close to body, work to 45 degrees abduction, extension)
- Towel or wand IR
- Pulley flexion, scaption
- Capsular mobilization – grade 1-3 - concentrate on increasing post capsular mobility
- PROM

Strengthening exercises:

Week 1:

- Gripping

- Shoulder isometrics – 6 way with towel between arm and body, week 2 progress to multi angle
- Scapular PNF with manual resistance
- Rhythmic stabilization drills in supported, scapular plane position, and in 90 degrees of flexion
- Prone scapular exercises – start with row and extension. If doing well can progress to horizontal abduction and flex at 105 as tolerated.
- Sidely ER
- Standing ER/IR with theraband with towel between arm and body
- Supine flexion and D2 exercises – start with no weight, and progress by 1# at a time
- Bicep/tricep/forearm/wrist with theraband or weight

Modalities:

- Ice, EGS
- Instruct in use of home ice, support positions (pillow between arm and body, correct sleeping positions with pillow under arm and between arm and body)

**Week 2: (Day 7-14)**

Flexibility:

- PROM, joint mobilization, grade 3 and 4 – emphasize post capsular mobility
- Progress ER/IR wand and PROM exercises to 90/90 position
- Wall slides flexion/scaption/abduction/ER at 0 degrees in doorway

Strength: add 1# at a time as strength increases

- Progress to all prone scapular exercises: horizontal abduction in neutral, thumb down, thumb up position, flexion at 105, extension, row. Week 4 can add row with ER if no pain and ROM good
- Sidely ER with dumbbell
- Standing flexion and scaption to 160 degree with thumb up, abduction to 90 degrees palm down
- Theraband ER/IR at 0, progress to 90 degrees week 4 if tolerated/functional for patient
- Theraband horizontal abduction
- Theraband D2 flexion/ext
- Theraband row
- Week 4 if doing well can add impulse ER/IR/Horiz Abd, and Bodyblade at 0 ER/IR, and 90 degree flexion/scaption
- Progress rhythmic stabilization drills to unsupported, multi-positional D2 and Abd/ER ranges
- If patient is doing well week 4 can begin light manual work: punches, D2 conc/conc, sidely ER conc/ecc, and prone row conc/ecc. Patient should be able to comfortably lift 3# throughout full ROM in order to initiate manuals
- Wall push up plus (elbows straight)

Modalities: continue ice-EGS, ultrasound as needed

### **Week 3-4: (Day 15-28)**

Flexibility:

- Increase aggressiveness of ROM to obtain full ROM by the end of week 7. Continue to concentrate on post mobs if IR limited.
- Sidely IR stretch
- Low load long duration stretches to any limited area, with application of heat and using light weight (2-3#) for 5-8 minutes at a time.
- Add prone chicken wing stretch if IR limited
- Add supine ext over edge of table

Strength:

#### Manuals

- Supine punches, D2 Conc/conc, progress to Conc/ecc week 7 if tolerated
- Continue rhythmic stabilization – can progress to standing, multi-position, and holding weight or theraband
- Sidely ER Conc/ecc
- Prone Horiz Abd neutral/thumb up/thumb down conc/ecc, flex at 105 conc/ecc, row conc/ecc, progress to row with ER at week 7 conc/ecc if tolerated

#### Weights and bands

- Continue all previous exercises – increase resistance as tolerated
- Progress push up plus to quadruped, over table with UE on balls etc.
- Week 7- seated press up (elbows straight- focus on scapula)

Modalities: continue as needed

Core work and Leg strength

### **Week 5-6: (Day 29-43)**

Criteria to start plyometrics/weight training:

- Full, painfree range of motion
- Negative impingement signs
- MMT of at least 4/5

Flexibility:

Continue to obtain full/functional ROM – all stretches, mobilization prn

Strength:

- Progress bodyblade to D2, 90/90 positions
- Isokinetic ER/IR scapular plane at 180/240/300 degrees/second
- Add weight training (follow ant instability precautions for throwers). No behind the head military press- modify to in front of the plane of the body

Plyometrics:

Initiate 2 handed plyometrics (start with a 4# medicine ball): Chest, Rotation, Woodchop, Tricep Slam, Overhead for throwers. May also include lateral toss, underhand, backward throw if necessary for sport/function

**Week 7-8: (Day 44-60)**

Add one hand plyos:

2# wall dribble (semicircle and 90/90), kneeling D2 conc/ecc, 90/90 to plyoback, ER/IR and bicep theraband plyo, ER flip, supine D2, 15 foot form throw to wall

THEN

Initiate interval throwing program/interval sport program if criteria is met,

Criteria to start interval sport program:

1. Full, functional, painfree range of motion
2. 85 – 90% strength of external and internal rotation compared to the opposite upper extremity
3. external/internal strength ratio at least 58 – 62%
4. adequate peak torque #, and peak torque to body weight ratio on biodex (see chart)
5. adequate microfet (at least meet low # on standards)
6. Clearance from MD

Criteria to return to sport:

1. Isokinetic testing:
  - Ext/Int rotation ratio at least 65% dominant arm,
  - Peak Torque to body weight ratio at 300 degrees/sec ER at least 14 and IR at least 20
  - Peak Torque to body weight ratio at 180 degrees/sec ER at least 15 and IR at least 19
  - ER and IR strength at least 90% of uninvolved UE
2. Completed interval sport program without symptoms
3. 5/5 MMT all shoulder and scapular groups
4. Clearance from MD

