

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION OF IMPINGEMENT SYNDROME

General Considerations:

- Neer's Three Stages: 1) Edema and hemorrhage; 2) Fibrosis and tendonitis; 3) Bone spurs and rotator cuff/biceps tears
- Immobilization: Varies with procedure, but usually adduction, internal rotation and supported with a sling (elbow at 90 degrees flexion); sling is removed the day after surgery
- Procedure: Removal of end of acromial spur
- Regardless of procedure, early passive ROM of the GH joint is essential to prevent capsular adhesions and fibrosis; PROM should be done in a position which shortens involved muscles and ligaments ("scapular plane") – flexion with abduction and ER; ER is most important to regain early in order to halt tightening down of coracohumeral ligament

Phase I (week 1)

- Sling removed post-op day 1
- Passive or active-assisted shoulder flexion in plane of the scapula within a pain-limited range (usually 90-120) the day after surgery
- Begin active ROM as soon as possible
- Pendulum activities, gear shift exercises, pulleys and wand exercises for ER
- Transition from PROM to AAROM, motions remaining at a tolerable pain level
- Submaximal, pain-free, multi-angle isometrics, emphasizing the rotator cuff, scapular stabilizers and biceps
- Begin rhythmic stabilization to maintain strength of scapular stabilizers (middle and lower traps, serratus anterior)
- Initiate postural training as soon as possible to prevent forward head and rounded shoulders
- For open procedure: deltoid was cut so active free motion should not begin until 6 weeks post-op
- Review positioning in sitting, walking, and sleeping
- Ice!

Phase II (2-4 weeks) & III (4-8 weeks)

- Controlled, active ROM is emphasized while moderate protection of the area is necessary
- Full AROM by 3 weeks post-op
- Progress to adding resistance; if dynamic exercises against resistance are painful, keep the load low or perform multi-angle isometrics against resistance
- If full ROM is not achieved by 3 weeks, begin joint mobilization; if horizontal adduction or flexion is limited, pay particular attention to stretching the posterior capsule
- Focus on shoulder cinching
- Begin strengthening of the infraspinatus, teres minor and subscapularis before supraspinatus (depressors before elevators)
- Progress to advanced strengthening and endurance activities, focusing on function
- Discharge to maintenance program

Functional Outcome:

- Return to throwing by 6-8 weeks for athletes