

ARTHROSCOPIC DECOMPRESSION PROTOCOL

ANDY BRIEN, MD

This rehabilitation protocol has been developed for the patient following an arthroscopic decompression surgical procedure. The arthroscopic decompression procedure is normally the result of clinical diagnosis of shoulder impingement syndrome. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an arthroscopic decompression, the patient should avoid overhead activities for up to six weeks post-op to decrease the stress on the healing tissues.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic decompression requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

ANDY BRIEN, MD

**Phase 1: Week 0-2
Decompression-Scope**

WEEK		EXERCISE	GOAL
0-2	ROM	Wand exercises-in all planes as tolerated Rope/Pulley (flex, abd, scaption) Posterior capsule stretch Towel internal rotation stretch Pendulum exercises Manual stretching and mobilization of post capsule	Gradual↑
	STRENGTH	Supine PNF patterns, punches Initiate IR/ER, biceps, triceps with tubing Initiate scapular stabilizer strengthening Shoulder shrugs and retractions Supine rhythmic stabilization at 60°, 90°, 120° flexion	
	MODALITIES	E-stim as needed Ice 15-20 minutes	

GOALS OF PHASE:

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Enhance upper extremity strength
- Independent in HEP

**Phase 2: Week 2-6
Decompression-Scope**

WEEK		EXERCISE	GOAL
2-6	ROM	Posterior capsule stretch Towel internal rotation stretch Manual stretching and joint mobs to reach goal Wand exercises-in all planes Rope/Pulley (flex, abd, scaption)	Full ROM wk 6
	STRENGTH	Initiate UBE for warm-up Initiate forward flexion, scaption, empty can Prone abduction with ER, extension Sidelying ER, prone ER at 90° abduction Progress bicep and tricep work Progress scapular stabilizer strengthening Initiate push-up progression, seated rows Initiate plyotoss chest pass and overhead pass Progress rhythmic stabilization exercises to standing	
	MODALITIES	Ice 15-20 minutes	

GOALS OF PHASE:

- Minimize pain and swelling
- Achieve full ROM
- Progress upper extremity strength and endurance
- Enhance neuromuscular control

****IF DISTAL CLAVICLE EXCISION PERFORMED, HORIZONTAL ADDUCTION IS RESTRICTED FOR 8 WEEKS POST OP.**

**Phase 3: Week 6-12
Decompression-Scope**

WEEK
6-12

EXERCISE

ROM

Continue all ROM activities from previous phases
Posterior capsule stretch
Towel internal rotation stretch
Manual stretching and Grade II-III joint mobs to reach goal

STRENGTH

Continue all strengthening from previous phases
increasing resistance and repetitions
UBE for strength and endurance
Initiate isokinetic IR/ER at 45° abduction at high speeds
Progress push-up from wall, to table, to floor
Initiate ER with 90° abduction with tubing
Progress overhead plyotoss for dynamic stabilization
Progress rhythmic stabilization throughout range of motion
Initiate lat pulldowns and bench press with proper form
Progress PNF to high speed work
Initiate plyoball figure 8 stabilizations

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics
- Clinical examination with **no** impingement signs

****IF DISTAL CLAVICLE EXCISION PERFORMED, HORIZONTAL ADDUCTION IS RESTRICTED FOR 8 WEEKS POST OP.**

**Phase 4: Week 12-24
Decompression-Scope**

WEEK
12-24

EXERCISE

ROM

Continue all ROM activities from previous phases
Posterior capsule stretch
Towel internal rotation stretch
Grade III-IV joint mobs as needed to reach goal

STRENGTH

Continue with all strengthening exercises from previous phases increasing weight and repetitions
Continue total body work out for overall strength
Initiate light plyometric program
Initiate military presses in front of neck
Initiate and progress sport specific and functional drills
Initiate interval throwing program

MODALITIES

Ice 15-20 minutes as needed

GOALS OF PHASE:

- Maximize upper extremity strength and endurance
- Maximize neuromuscular control and arthrokinematics
- Return to sports specific training/functional training

When patient returns to a gym program, he/she must be educated in proper techniques to avoid impingement. This includes the following: military press and lat pull downs in front of body, avoiding excessive range of motion when doing bench or flies so that elbows never fall past the plane of the thorax, and limiting lateral deltoid raises to 90 degrees of abduction.