### Arthroscopic Sub acromial Decompression +/- ACJ excision

<table>
<thead>
<tr>
<th>Sling</th>
<th>Things that can be done from day 1</th>
<th>What are the Restrictions?</th>
<th>When can strengthening commence?</th>
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</thead>
<tbody>
<tr>
<td>The sling is generally for immediate post-operative comfort, especially while the block is still working.</td>
<td>Active assisted supported movements within the limits of pain. Mobilise elbow, wrist, hand, cervical spine and shoulder girdle.</td>
<td>There aren’t any restrictions post operatively regarding range of movement. However minimise abduction in coronal plane. First week. Avoid repeated overhead activities first 2/52.</td>
<td>Dependent on dynamic control and range of movement, pain level and functional demand.</td>
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<td>The patient should aim to wean from the sling over the following 24-48 hours. Encourage patient to remove the sling for light activities of daily living such as washing their face, eating and writing.</td>
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**NOTE:** Due to the nature of the surgery regarding ACJ excision patients may experience high levels of pain and remain specifically tender over the distal clavicle up to 12 weeks post-surgery. It is important that advice is reinforced on relating to prescribed pain relief.

A long head of biceps tenotomy is often performed routinely in this procedure, patients may report aching/cramping in the biceps. Check Post-operative notes as cuff repair may have been undertaken. Thoughts with irreparable massive rotator cuff tears the Torbay program is advised.

www.nth.nhs.uk/services/trauma-orthopaedics/upper-limb
Patient Education and Advice

Regular application of ice packs can also be an effective source of pain relief and for swelling, once the block has worn off.

Patients should be able to return to driving at approximately 4 weeks but this is dependent on their regained range of movement and control and on the side of the shoulder which has been operated on. Patients should be given guidance by their consultant and should also seek advice from the DVLA.

Patients should be allowed to return to swimming at 3-4 months starting with gentle breaststroke.

Patients employed in manual jobs should avoid heavy lifting for 3 months.

Patients returning to high level demand sports may require more advanced strengthening rehabilitation.

Early Phase 0-2 weeks

Goals of Rehabilitation

- Reduce pain and swelling which may be a cause of muscle inhibition
- Gain and maintain the safe zone range of movement (ROM)
- Prevent compensatory movements such as shoulder hitching which may compromise recovery

Exercises

- Maintain cervical spine, hand, wrist and elbow ranges of movement
- Reinforce postural correction
- Active assisted supported flexion, abduction and external rotation in sitting, standing using bench slides or gym ball rolls or in supine using the other arm +/- stick within the safe zone
- Isometric rotator cuff contractions (sub maximal <30%) these should be pain free
- Scapula mobilisation exercises e.g. shoulder shrugs, scapula retractions and protractions
- Closed kinetic chain and open chain exercises can be incorporated

Guidance for exercise progression: Good pain control, Progressing range of movement
Middle Stage 2-6 weeks

Goals of Rehabilitation

- Effective pain management as increased pain may cause muscle inhibition
- Prevent compensatory movements
- Optimise the kinetic chain and use functional exercises
- Restore full active range of shoulder movement
- Prevent/address capsular stiffness

Exercises

- Active flexion, abduction, external rotation and combined medial rotation.
- Restore full active long lever flexion and abduction and maintain full range of external rotation
- Strengthen biceps and triceps with resistance
- Progress cuff strengthening but not at the detriment of gaining full range of movement
- Consider functional specific strengthening exercises
- Closed and open kinetic chain exercises with increased load

Late Stage 6 weeks+

Goals of Rehabilitation

- Prevent/address compensatory movements
- Optimise the kinetic chain and use functional exercises
- Restore full active range of shoulder movement
- Return to full work/sport and leisure activities

Exercises

- Regain full range of movement into combined positions
- Enhance neuromuscular control through range incorporated with Kinetic chain
- Function specific strengthening and endurance exercises

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