

ARTHROSCOPIC DECOMPRESSION PROTOCOL

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.

PHASE ONE - Weeks 1-2

EXERCISE GOAL

RANGE OF MOTION:

Gradual Increase

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

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

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PHASE ONE - Weeks 1-2 (cont'd)

EXERCISE GOAL

GOALS OF PHASE ONE:

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

PHASE TWO - Weeks 2-6

EXERCISE GOAL

RANGE OF MOTION:

Full ROM

Posterior capsule stretch Week 6

Towel internal rotation stretch

Manual stretching and joint mobs to reach goal

Wand exercises-in all planes

Rope/Pulley (flex, abd, scaption)

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 TWO:

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

PHASE THREE - Weeks 6-12

EXERCISE GOAL

RANGE OF MOTION:

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

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PHASE THREE - Weeks 6-12 (cont'd)

EXERCISE GOAL

Initiate ER with 90° abduction with tubing
Progress overhead plyotoss for dynamic stabilization
Progress rhythmic stabilization throughout range of motion
Initiate lat pull downs and bench press
Progress PNF to high speed work
Initiate plyoball figure 8 stabilizations

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE THREE:

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

PHASE FOUR: Weeks 12-24

EXERCISE GOAL

RANGE OF MOTION

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 FOUR:

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