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Subacromial Decompression Rehab Protocol

Subacromial decompression is usually reserved for patients with rotator cuff impingement syndrome that have failed conservative treatment. Impingement occurs as the outlet for the rotator cuff becomes increasingly narrow due to spurring over the anterolateral acromion. As this progresses, it causes pathology within the rotator cuff and can even cause tear. Generally treated by cortisone injections and physical therapy as well as home exercise programs, if these conservative measures fail over time, consideration for subacromial decompression is considered. In general, a subacromial decompression is done arthroscopically, surgery taking approximately 45 minutes to an hour. Essentially through arthroscopic visualization, the offending portions of the anterolateral acromion are identified and the spurs removed using high speed burr. The rotator cuff is also evaluated at the time of arthroscopy for possible partial or full thickness tears. If these are not encountered, the relative recovery is fairly short, returning to full function at 3-4 weeks. This occasionally does take longer, depending on the amount of inflammation or the chronicity of the pathology.

Week 1:

Sling is to be worn for pain control and swelling. General pendulum exercises are started. Active range of motion is not restricted. Focus on regaining range of motion of wrist and elbow.

Weeks 2-4:

In general, a home exercise program is provided including pendulum exercises as well as progressive strengthening exercises. The goal during this portion of the rehab is to regain full range of motion of the shoulder and to start strengthening.

Weeks 4-6: Continue previous exercises. Sling should not be worn at any time after 4 weeks. Ice and local modalities may be used but are not likely necessary at this point. Progressive rotator cuff strengthening, no limitation to range of motion or resistive exercises. Wall walks and light dumbbell work.

Weeks 6-12: General progression of strengthening, released to full activities without restriction. Continued rotator cuff strengthening until strength has fully returned without pain.

Disclaimer: The patient is to return to sports in generally 6-12 weeks at the discretion of the physical therapist, as well as Dr. Collard.

