

SUBACROMIAL DECOMPRESSION +/- AC JOINT EXCISION
POST OP REHAB PROTOCOL

MR TONY CORNER
CONSULTANT ORTHOPAEDIC SURGEON

NORMALLY NO MOVEMENT RESTRICTIONS BUT CHECK OP NOTES

AVOID REPETITIVE OVERHEAD ACTIVITY OR REPETITIVE HEAVY LIFTING FOR 6 WEEKS

Discharged from ward with:

- Active elbow, hand, finger, neck and shoulder girdle exercises
- Pendular exercises
- Active assisted elevation exercises in sitting or supine
- Postural awareness advice
- Polysling for 2-3 days until interscalene block resolved and patient comfortable enough to mobilise shoulder, then use polysling for comfort only

See in the physio department within 10 days:

- Check active elbow, hand, finger, neck and shoulder girdle exercises
- Progress active assisted and active glenohumeral joint movements
- Glenohumeral joint mobilisations as patient tolerated
- Re enforce postural advice
- Start scapular setting/ muscle imbalance work as appropriate
- Disregard polysling by 1 week maximum post op
- IF AC JOINT EXCISED – avoid high arc/elevation movements, cross arm adduction and forced internal rotation (hand behind back) for *first 3 weeks post op*

6 weeks post operation depending on patient and surgery:

- Encourage ROM exercise without restriction including internal rotation
- Start resisted work
- Cuff rehabilitation if possible

Discharge from physio with:

- Near full or full range of movement
- Minimal pain
- Good postural awareness
- Adequate scapular stability

Return to activity - Guidelines

Driving 2 weeks on average

Swimming

Breast stroke 8 weeks

Front crawl 3 months

Golf 6 weeks

Racquet sports minimum 6 weeks

Non-manual / sedentary work 2 weeks approx (return to work as able)

Manual work 6 weeks approx

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