## <u>Subacromial Decompression +/- Arthroscopic Excision of Acromio-Clavicular Joint Rehabilitation Programme</u>

## **Key messages**

- Ensure good posture and scapular control throughout range to reduce impingement
- Expected discomfort for 3- 4 months minimum
- Functional rehab to aim for maximum ROM, and encourage correct movement patterns

Time:	Arthroscopic SAD procedure	Arthroscopic ACJ excision
i iiiie.	Artinoscopic SAD procedure	procedure
Pre op	Scapular stabilisation exercises	Scapular stabilisation exercises
Fie op	Transverse abdominals/ postural advice	Transverse abdominals/ postural advice
Day 1 Day case Surgery	Check post-op notes & if any specific instructions  - Active exercises – (assisted if needed) - Advice on posture & scapular control - Elbow, wrist and hand exercises - No restriction in active ROM	open excision will not change the rehab. Check post-op notes & specific instructions  Immediate active assisted exercises Elbow, wrist & hand exercises Advice on posture & scapular control
	Advice  - Sling - for comfort – discard ASAP (If open, may keep sling 3 weeks)  Driving after 3- 4 week if comfortable and safe Only if patient can perform emergency manoeuvres safely  - Sedentary work – after 1 - 2 week if comfortable  - Heavy work – discuss with consultant Pain/discomfort may last 3-4 months	Advice - Sling - for comfort – discard ASAP Driving - after 3- 4 weeks if comfortable & safe & Only if patient can perform emergency manoeuvres safely - Sedentary work – after 2 - 4 weeks if comfortable - Heavy work – 6-8 weeks - Contact sports - 3/12 Pain/discomfort may last 3-6 months
1 week Initial outpatient appointment	- Check ROM - Check analgesia management - Check portals healing - Posture correction & scapular stabilisation exercises if required - Partially loaded proprioceptive exercises: (eg. Prayer kneeling/ forearms on table) - Continue weekly review if poor ROM  GOAL – Return to work (sedentary) Discard sling Oxford Score	<ul> <li>Check analgesia management</li> <li>Check incision healing</li> <li>Progress active ROM exercises</li> <li>Posture correction &amp; scapular stabilisation exercises if required</li> <li>Partially loaded proprioceptive exercises: (eg. Prayer kneeling/forearms on table)</li> <li>GOAL – Discard sling</li> <li>Oxford Score</li> </ul>
3-6 weeks	<ul> <li>Continue ROM exercises</li> <li>Isometric rotator cuff exercises</li> <li>Fully loaded Proprioceptive exercises: static (eg 4 point kneeling) as patient tolerates.</li> <li>Strengthening exercises through range – free weights, theraband (amend depending on pain levels)</li> </ul>	<ul> <li>Continue ROM exercises</li> <li>Isometric rotator cuff exercises</li> <li>Proprioceptive exercises</li> <li>Strengthening exercises through range – free weights, theraband (amend depending on pain levels)</li> <li>Fully loaded Proprioceptive exercises: static (eg 4 point kneeling) as patient tolerates.</li> </ul>
	GOAL – Good scapulohumeral rhythm Return to work (sedentary)	GOAL – Good scapulohumeral rhythm Return to work (sedentary)
6 – 8 weeks  Consultant OP appointment- 12/52  Complications	- Continue ROM exercises - Increase strengthening exercises - Gym rehab (if appropriate to patient's goals) - GOAL – full functional ROM obtained Frozen shoulder, bursitis	Continue ROM exercises     Increase strengthening exercises     Gym rehab (if appropriate to patient's goals)  GOAL – full functional ROM obtained  Acromial-clavicular instability
Complications	1 1026H SHOUIGEL, DUISIUS	Osteophytes/fusion/regrowth Excessive/insufficient resection
Final goals	Return to work Functional ROM Outcome measure – Oxford Score	Return to work Functional ROM Outcome measure – Oxford Score