

THE ROBERT JONES AND AGNES HUNT ORTHPAEDIC HOSPITAL NHS FOUNDATION TRUST

REHABILITATION GUIDE FOLLOWING ARTHROSCOPIC SUBACROMIAL DECOMPRESSION (SAD) AND/OR ACJ EXCISION (This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

Indications

Evidence of subacromial pain Associated with OA changes AC joint Not responded to >3/12 progressive physiotherapy +/- injection

Procedure

Removal of anterolateral inferior aspect of acromion and partial resection of the coraco-acromial ligament if necessary. Excision of distal end of clavicle as necessary. In some cases procedure may be performed whilst the patient is awake, but all patients will receive an interscalene block for pain relief which will last approximately 12-36 hours, this will also result in temporary muscle paralysis.

Post Op Protocol Summary

Wean off sling 2 – 3 days Aim for ROM first 3/52 then strengthen through range Do not be over vigorous with exercises particularly overhead as this may delay healing and increase pain

TIMESCALE	REHABILITATION EXERCISES	GOALS
<u>Day 1 - 3</u>	 Use polysling for comfort only, discard as soon as possible but may want to use initially when in public to act as visual aid Wrist, hand and finger exercises Elbow flexion/ extension/ pronation/ supination Shoulder girdle/ cervical spine exercises Teach postural awareness 	 Check if specific post-operative instructions have been given and amend the guide accordingly Good understanding of post- operative rehabilitation No complications following surgery Control of pain with adequate pain relief Normal sensation returned to limb Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature

	 Active assisted ROM in all directions Ice therapy 	
Day 3- 3 Weeks	 Continue as day 1 - 3 Progress to active ROM exercises in all directions as able Level 1 exercises Scapula stabilisation exercises ensuring scapula control through ROM 	 Commence scar management at 10 days Encourage normal functional activity avoiding heavy lifting and activity at shoulder height and above Return to driving 1-2/52 safe from surgical perspective but competency to drive is the responsibility of the individual patient Gentle breaststroke swimming 3 weeks onwards No heavy lifting 3 weeks Return to sedentary work 2-3 weeks JAMAR grip strength measure correlates with global UL strength NB Do not overstretch, over exercise or increase loading too quickly as this may result in inflammatory flare up

Week 3 - onwards	 Level 2 exercises, progress to level 3 as pain and exercise tolerance allow, ensuring good scapula dynamic control throughout Begin stretching capsule/ manual therapy to improve range Emphasise correction of movement pattern in activities of daily living 	 Full AROM by 6 weeks = pre-op ROM Return to manual work 6/52 to 12/52 Lifting above shoulder height 6 weeks Return to golf 6/52 Racquet sports 12/52 avoiding repetitive overhead shots Cycling 6/52 Freestyle swimming 6-12/52 Rehabilitation is essentially adapted on an individual basis depending on many factors Before returning to work or sport ensure rehabilitation is complete with good inferior cuff control and endurance and good scapula control through full range Y balance test Posterior shoulder endurance test (1-2kg wt repeated prone lying abd to fatigue then compare to contralateral side) Global joint mobility and stability assessment using functional movement screen Oxford shoulder score If milestones are not being achieved seek early review with Advanced Physiotherapy Practitioner Full recovery can take 6-9/12 Expect 80% improvement by 3/12
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Catrin Maddocks/ Julie Lloyd Evans Advanced Physiotherapy Practitioners Upper Limb : February 2024

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