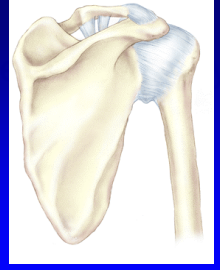


DR. TERRY HAMMOND

SHOULDER SURGEON



***ARTHROSCOPIC SUBSCROMIAL DECOMPRESSION –
PHYSIOTHERAPY PRINCIPLES***

0-4 Weeks

Ensure adequate pain relief – may need to see me or GP for additional medication

Passive and active shoulder movements (may be gently assisted) - especially pendulums, external rotation. Stop range before painful limit

Gentle active movements for ADLs

Gentle isometric rotation exercises with elbow by side

Cardiovascular conditioning

Hand, wrist, elbow exercises

Core activation especially transversus abdominis, multifidus

Scapular mobilization / proprioception

Full ADL's as tolerated

Education for ADL's

> 4 Weeks

Progress as tolerated

Cardiovascular conditioning

Core strengthening especially transversus abdominis, multifidus

Scapular mobilization / proprioception

Continue cuff strengthening- especially rotators

Integrate functional activities

GENERAL PRINCIPLES

If patient develops significant capsular tightness do not stretch – reassure patient that full range will return over time without need for stretching

Reduce exercises if they cause prolonged pain

If need to go back to heavy work can do so at 2-3 months but all lifting to be done close to body

Same protocol if acromio-clavicular joint excision (excision of distal clavicle) has also been performed