

ARTHROSCOPIC DECOMPRESSION PROTOCOL **Dr. David R. Guelich**

This rehabilitation protocol has been developed for the patient following an arthroscopic decompression surgical procedure. The arthroscopic decompression procedure is normally the result of clinical diagnosis of shoulder impingement syndrome. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an arthroscopic decompression, the patient should avoid overhead activities for up to six weeks post-op to decrease the stress on the healing tissues and avoid recurrence of impingement symptoms.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedist and patient goals

The physical therapy should be initiated within the first week following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic decompression requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing.

Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Dr. David R. Guelich Phase 1: Week 1-2 Decompression-Scope

WEEK **EXERCISE** GOAL ROM Gradual[↑] 1-2 Wand exercises-in all planes as tolerated Rope/Pulley (flex, abd, scaption) Posterior capsule stretch Towel internal rotation stretch Pendulum exercises Manual stretching and mobilization of post capsule STRENGTH Supine PNF patterns, punches Initiate IR/ER, biceps, triceps with tubing Initiate scapular stabilizer strengthening Shoulder shrugs and retractions Supine rhythmic stabilization at 60°, 90°, 120° flexion **MODALITIES** E-stim as needed

Ice 15-20 minutes

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Enhance upper extremity strength
- Independent in HEP

Phase 2: Week 2-6 Decompression-Scope

GOAL WEEK **EXERCISE** 2-6 ROM Full ROM Posterior capsule stretch wk 6 Towel internal rotation stretch Manual stretching and joint mobs to reach goal Wand exercises-in all planes Rope/Pulley (flex, abd, scaption) **STRENGTH** Initiate UBE for warm-up Initiate forward flexion, scaption, empty can Prone abduction with ER, extension Sidelying ER, prone ER at 90° abduction Progress bicep and tricep work Progress scapular stabilizer strengthening Initiate push-up progression, seated rows Initiate plyotoss chest pass and overhead pass Progress rhythmic stabilization exercises to standing **MODALITIES** Ice 15-20 minutes

- Minimize pain and swelling
- Achieve full ROM
- Progress upper extremity strength and endurance
- Enhance neuromuscular control

Phase 3: Week 6-12 Decompression-Scope

WEEK EXERCISE

6-12 ROM

Continue all ROM activities from previous phases

Posterior capsule stretch

Towel internal rotation stretch

Manual stretching and Grade II-III joint mobs to reach goal STRENGTH

Continue all strengthening from previous phases

increasing resistance and repetitions

UBE for strength and endurance

Initiate isokinetic IR/ER at 45° abduction at high speeds

Progress push-up from wall, to table, to floor

Initiate ER with 90° abduction with tubing

Progress overhead plyotoss for dynamic stabilization

Progress rhythmic stabilization throughout range of motion

Initiate lat pulldowns and bench press

Progress PNF to high speed work

Initiate plyoball figure 8 stabilizations

MODALITIES

Ice 15-20 minutes

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics
- Clinical examination with **no** impingement signs

Phase 4: Week 12-24 Decompression-Scope

WEEK EXERCISE

12-24 ROM

Continue all ROM activities from previous phases

Posterior capsule stretch

Towel internal rotation stretch

Grade III-IV joint mobs as needed to reach goal

STRENGTH

Continue with all strengthening exercises from previous phases increasing weight and repetitions Continue total body work out for overall strength

Initiate light plyometric program

Initiate military presses in front of neck

Initiate and progress sport specific and functional drills

Initiate interval throwing program

MODALITIES

Ice 15-20 minutes as needed

- Maximize upper extremity strength and endurance
- Maximize neuromuscular control and arthrokinematics
- Return to sports specific training/functional training