

**CANTON-POTSDAM
HOSPITAL**

CARING BEYOND MEDICINE

Department of Physical Rehabilitation

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**Arthroscopic Subacromial Decompression
Intact Rotator Cuff**

Immediate Motion: Days 1 to 14

Goals:

- Prevent negative effects of immobilization
- Regain full, pain-free ROM
- Retard muscular atrophy
- Reduce pain and inflammation

Interventions:

- Begin pendulum exercises to promote early motion and minimize pain
- Begin active-assisted exercises with T-bar:
 - Shoulder flexion
 - Shoulder extension
 - Internal/external rotation
- Begin rotation exercises at 0° of abduction; progress to 45° of abduction, eventually gaining 90° of abduction
- Carefully monitor progression
- Begin gentle capsular stretching for anterior, posterior and inferior capsule
- Use modalities to control pain and inflammation:
 - Ice
 - High Voltage Galvanic Stim
 - Ultrasound

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Intermediate Motion: Weeks 2 to 6

Criteria for progression:

- Minimal pain and tenderness
- Nearly complete motion
- Good (4/5) strength

Goals:

- Normalize full, pain-free motion and shoulder arthrokinematics
- Improve muscular strength
- Improve neuromuscular control
- Eliminate residual inflammation and pain
- Continue active-assisted exercises with more aggressive stretching at all end ranges
- Use joint mobilization techniques for capsular restriction, especially the posterior capsule

Interventions:

- Begin strengthening: progress from isometric to isotonic dumb-bell exercises:
 - Shoulder abduction to 90°
 - Supraspinatus (scaption: empty can)
 - Shoulder flexion to 90°
 - Side-lying internal/external rotation
 - Elbow flexion and extension
- Perform scapular stabilizing exercises: emphasize scapular movements through manual resistance during neuromuscular control exercises
 - Scapular retraction (rhomboides, middle trapezius)
 - Scapular protraction (serratus anterior)
 - Scapular depression (latissimus dorsi, trapezius, serratus anterior)
- Begin submaximal isokenetics in the plane of the scapular or in the modified neutral position late in this phase
- Begin proprioceptive neuromuscular facilitation exercises in the D₂ flexion/extension pattern with isometric holds (rhythmic stabilization)

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Dynamic Strengthening: Weeks 7 to 12

Criteria for progression:

- Full, painless ROM
- No pain or tenderness
- 70% strength of contralateral shoulder
- Stable shoulder on clinical exam (negative impingement)

Goals:

- Improve shoulder complex strength, power and endurance
- Improve neuromuscular control and shoulder proprioception
- Prepare for gradual return to functional activities

Interventions:

- Begin fundamental shoulder exercises to ensure progressive improvement in shoulder strength. Progress isokinetics, manual resistive and eccentric exercises
- For competitive athletes who require enhanced strength and who are exposed to large deceleration stresses, begin a plyometric program:
 - Plyometric drills with eccentric loading phase before concentric response phase
 - Plyoball, exercise tubing and/or wall

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Return to Activity: Weeks 13 to 16

Criteria for progression:

- Full, painless ROM
- No pain or tenderness
- Muscle strength (isokenetic/isometric) that fulfills established criteria
- Satisfactory clinical exam

Goals:

- Progressive return to unrestricted activity
- Maintenance of normal shoulder strength and motion

Interventions:

- Continue fundamental shoulder exercises
- Begin interval program:
 - Throwing athletes, tennis and golf athletes
 - Progressive, systematic interval program before returning to demands of sport
 - For throwing athletes, monitor the number of throws, distance, intensity, and types of throws, and progress to enhance a return to competition