

Introduction

The physiotherapy programme will need to be **individualised** for each patient, all exercises should be performed without pain and the details of specific restrictions will be in the post-operative instructions. If you have not received these please ring the consultant's secretary.

These guidelines should accompany the routine post-operative protocols for either Arthroscopic Sub-acromial Decompression (ASD) if no tissue was repaired or Rotator Cuff Repair if this was performed.

Phase 1 (1-14 days)

Goals:

- Management of pain, inflammation and muscle inhibition
 - Analgesics, NSAID's, ice, sling, passive movement and posture
- Teach shoulder girdle control/setting and relaxation
 - Retraction and depression
- Gradually increase PROM and active-assisted range of movement (AAROM) **as tolerated/not into pain/do not force or stretch**
 - Forward flexion and abduction less than 60° beginning with pendulum movements with good SHR
 - ER/IR in neutral
- Hand, wrist, elbow and neck range of movement (ROM) exercises as required
- Advice on sleeping position

Precautions:

- Sling usually for 2 weeks
- Keep wounds clean and dry

Milestones:

- Pain, inflammation and muscle inhibition well managed
- Return to pre-operative sleep patterns
- Good scapula setting

Phase 2 (day 15-8 weeks)

Goals:

- Continue to manage and reduce pain, inflammation and muscle inhibition
 - As phase 1
 - Alternate treatment strategies as appropriate e.g. manual therapy techniques, taping
- Wean out of sling as comfortable
- Once stitches have been removed begin scar massage
- Gradually restore full, pre-op PROM **as tolerated/not into pain/do not force or stretch**
- Gradually restore full, pre-op active range of movement (AROM) **as tolerated/not into pain/do not force or stretch**
- Re-establish dynamic shoulder stability as able
 - Ensure good SHR through PROM and use it to guide progression of AAROM and AROM
 - Use Anterior Deltoid Programme (ADP) to compensate to deficient rotator cuff as required, see <https://www.shoulderdoc.co.uk/article/1028>
- Progress to maximal, pain-free isometrics as able
- Gradually introduce proprioceptive exercise, lower limb and core strengthening as required
- Gradually return to light, non-repetitive functional activities
- As the InSpace™ Implantation begins to dissolve around 6-8 weeks, patients often experience an aggravation of symptoms, therefore during this period plateau exercises and function to reduce this risk

Milestones:

- Minimal pain, inflammation and muscle inhibition
- Good SHR with AROM

Phase 3 (8-14 weeks)

Goals:

- Full PROM
 - Introduce multi-directional stretching into end of range **as tolerated/not into pain**
 - Capsular stretches (especially posterior capsule if tight) **as tolerated/not into pain**
- Continue to gradually restore pre-operative AAROM and then AROM with good SHR **as tolerated/not into pain**
- Gradually introduce and progress shoulder strengthening **as able/tolerated/not into pain**
 - Introduce scapular stabilisation exercises
 - Progress cuff strengthening as appropriate, progressing from maximal isometrics to isotonic strengthening **as tolerated/not into pain**
 - Progress ADP as required
 - Progress proprioceptive exercises
 - Gradually progress to shoulder and upper limb strengthening
 - Gradually progress to dynamic and rhythmic stabilisation exercises
- Progress lower limb and core strengthening as required
- Introduce light sport specific exercises

Precautions:

- Avoid excessive loading of shoulder
 - No heavy, repetitive or prolonged overhead activities
 - No power activities for at least 3 months

Milestones at 14 weeks:

- Resolved pain, inflammation and muscle inhibition
- AROM with good SHR through elevation to 100% of pre-operative range

Phase 4 (3-9 months)

Goals:

- Maintain full PROM
 - Continue multi-directional stretching into end of range **as tolerated/not into pain**
- Full pre-operative AROM with good SHR **as able/as tolerated/not into pain**
- Progress shoulder strengthening **as able/as tolerated/not into pain**
 - Progress cuff strengthening as appropriate and scapular stabilisation exercises
 - Progress shoulder and upper limb strengthening ensuring good SHR as able
 - Progress dynamic and rhythmic stabilisation exercises
- Gradually progress functional activities
- Gradually progress sport-specific exercises

Milestones at 4 months:

- Full pain-free motion with good SHR

Circle Bath Specialist Orthopaedic Shoulder Team

To contact the Consultants Secretaries, call Circle Bath Hospital on 01761 422222 or to contact the Physiotherapy team call 01761 422388.