REHAB PROTOCOL

Arthroscopic SAD (+/- ACJ excision +/- LHB Tenotomy)

POST-OP GUIDELINES

Aim of surgery: to relieve symptoms of sub-acromial pain and pain from the ACJ or LHB. Therefore post-operatively, patients must be assessed for all other causes of impingement that may prevent full recovery, e.g. scapula stability, capsular mobility, inferior cuff strength and endurance.

Therapists are expected to use clinical reasoning for each individual and implement alternative treatment strategies as appropriate. The reasoning and action should be documented in the patient notes.

PRIOR TO DISCHARGE

- Exercise Programme - no restrictions on ROM – be guided by pain.
- Patient to start pendular exercises after block wears off and encourage completing every hour for both pain relief and mobility.
- Patient to be shown active assisted shoulder flexion, abduction and lateral rotation.
- Elbow, wrist and hand exercises.
- Advise on weaning collar and cuff as soon as block wears off (24 hrs. but ACJ may be longer in sling max 5/7).
- Advise on positioning for pain relief.
- Arrange outpatient physiotherapy for within 1 week of discharge.

0-2 WEEKS

- Advise patient on timescale of healing / rehab; to avoid repetitive or sustained activities at shoulder height or above for 8-12 weeks or as advised by their physiotherapist.
- Review wound portals.
- Light functional tasks should be encouraged as pain allows after 1-2 days.
- Physiotherapist to perform passive physiological movements as required to assist with regaining ROM.
- Progress AAROM exercises as required; encourage proprioceptive rich exercises through the use of closed kinetic chain activities e.g. wall slide, table slide.

- Consider the kinetic chain early; initiate movement with legs or trunk to facilitate local shoulder recruitment e.g. single leg stand, step-ups.
- Check and document both active and passive range of motion.

2-6 WEEKS

Goal: Progress AROM and begin rotator cuff related exercises.

- Check and document both active and passive range of motion.
- Check home exercise programme
- Introduce isometric rotator cuff exercises.
- Introduce AA HBB/Internal Rotation exercises.
- Introduce active ROM exercises as required.
- Facilitate rotator cuff activity during elevation e.g. back of hand wall slides up wall.
- Progress kinetic chain rehabilitation e.g. single leg stand with eyes closed, trunk rotation, bridging.
- Increased closed kinetic chain demand e.g. wall slide with theraband loop.

6-12 WEEKS

Goal: Full functional AROM or at least pre-operative level.

- Progress proprioceptive work through continued closed kinetic chain exercises e.g. weight bearing through arms in 4-point kneeling
- Progress rotator cuff controlled movement and strengthening work e.g. rotation control in prone 90/90 +/- dumbbell
- Continue to incorporate the kinetic chain e.g. squats, lunges, wall squats with arm elevation.
- Continue to facilitate rotator cuff activity during elevation
- If required, treat posterior tightness – avoid sleeper stretches; stretch into horizontal adduction with the arm below shoulder height.
- Start sport-specific training at a level below shoulder height.
- Progress rotator cuff exercises above shoulder height as pain allows e.g. shoulder press, resisted elevation

12+ WEEKS

Goal: 100% improvement in pain (ACJ excision will be slower)

- Progress rotator cuff strengthening.
- Progress closed kinetic chain exercises e.g. over the top on a gym ball
- Encourage maintenance of the kinetic chain e.g. single leg hops, advanced balance exercises, lower limb strength
- Add plyometric work if appropriate to patient's goals e.g. throwing, impact training.
- General sport specific training.

EXPECTED MILESTONES

- Home on day of surgery
- Block to wear off approximately 24 hours post-op
- Wean collar and cuff as soon as block wears off
- Commence ADL's after block wears off
- GP Removal of sutures 10-14 days post-op
- Out-patient physio 1 weeks post-op
- Out-patient clinic 12 weeks post-op
- Return to normal 3-6 months (ACJ excision may be slower)

Significant deviation from milestones should be discussed with surgeon.

RETURN TO ACTIVITY

Return to activity should ideally be bespoke to patient's pathology, specific surgical procedure performed, and career/sporting circumstances.

Activity		**Earliest return**
RTW	Sedentary	10/7-6/52
	Manual	3-6/12
Lifting	Light	As able.
	Heavy	
Driving		2/52 or when safe to do so
Swimming	Breaststroke	2-3/52
	Freestyle	2-3/12 or as able.
Cycling	Road	6/52 or as advised by physio
	Mountain	3/12 or as advised by physio
Contact sports		6/12

Significant deviation from milestones should be discussed with surgeon.