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SPORTS
MEDICINE
CENTER

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION SURGERY ELLIS & BADENHAUSEN ORTHOPAEDICS, PSC

WEEKS 1-2

- Sling for 2 to 4 days
- Elbow, forearm, wrist and hand ROM
- Scapular elevation/retraction
- Cervical ROM
- Pendulum exercise
- Passive flexion to 110 @ week 1 and 120 @ week 2
- Supine passive ER to tolerance, in scapular plane and abduction to 20-30
- Initiate light posterior capsular stretches
- At 1 week post-op, initiate sub-maximal, pain-free shoulder isometrics. ***Focus on scapular control during contractions and do not allow elbow beyond plane of body. Use a towel roll for IR and ER.***
- Ice and modalities for pain and inflammation.

WEEKS 3-4

- Continue with elbow, forearm and hand exercise
- Manual scapular strengthening exercise for protraction and retraction
- Increase passive flexion to 140 for week 3 and 160 for week 4
- Start rope and pulley when 120 flexion is achieved
- Increase passive ER to normal @ 20-30 abduction in scapular plane
- Initiate passive ER to 60 with shoulder abducted 90 in scapular plane
- Gleno-humeral and scapulo-thoracic mobilization, as needed
- Initiate functional IR, AAROM to tolerance
- Initiate serratus anterior exercise
- If minimal to no pain at night, initiate Tband exercise for ER-IR with a towel roll
- Initiate forward elevation and scaption to 90
- ***Focus on normal scapulo-humeral rhythm***
- Initiate Tband exercise for rows and extension
- Add UBE
- Light multi-plane rhythmic stabilization and proprioception training
- Biceps and triceps Tband exercise

WEEKS 5-6

- Progress ROM to normal in all planes
- Mobilization and stretches as needed to maintain normal range
- Progress to manual scapular diagonals
- Initiate light isotonic for shoulder flexion, scaption, side-lying ER
- Initiate prone scapular exercise
- Initiate light closed kinetic chain exercise
- Initiate light PNF for D1 and D2 patterns, starting with small range, advancing to larger range as tolerated. Start with short lever arm and advance to longer lever arm as tolerated
- Advanced rhythmic stabilization and proprioception exercises>>multi-plane
- Watch for inflammatory response with strengthening >>modify range, intensity and repetitions accordingly
- May initiate aquatic exercises but NO swimming

WEEKS 7-11

- Progressive manual scapular strengthening
- Progressive strengthening exercise for gleno-humeral and rotator cuff muscles
- Work toward maximum of 5 lbs for flexion, scaption, and sidelying ER
- Work toward maximum of 5 lbs for prone scapular exercises
- Advance to body blade>>static supine>>supine patterns>>standing
- Initiate light two hand plyometrics when shoulder strength is 5/5
- Initiate work conditioning and functional integration patterns toward end of this phase.
- Progress with closed chain exercise, static to dynamic
- ***Ultimate levels of progression for strengthening program should be determined by size of patient, realistic expected functional demands and quality of rotator cuff as determined by Physician during surgery.***
- Light supervised weight training, limited range, no overhead