

## 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

### CircleBath Specialist Orthopaedic Shoulder Team

---

To contact the Consultants Secretaries, call CircleBath Hospital on 01761422222 or to contact the Physiotherapy team call 01761422388.