Arthroscopic Subacromial Decompression  
Intact Rotator Cuff

*It is the treating therapist’s responsibility along with the referring physician’s guidance to determine the actual progression of the patient within the protocol guidelines.

**Immediate Motion: Days 1 to 14**

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

**Exercises**
- 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

**Modalities**- Use modalities to control pain and inflammation:
- Ice
- High Voltage Galvanic Stim
- Ultrasound

**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

Exercises
- Begin strengthening: progress from isometric to isotonic dumb-bell exercises once full AROM has been achieved:
  - 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 (rhomboids, middle trapezius)
  - Scapular protraction (serratus anterior)
  - Scapular depression (latissimus dorsi, trapezius, serratus anterior)
- Begin submaximal isokinetics 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)

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

Exercises
• 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:
  o Plyometric drills with eccentric loading phase before concentric response phase
  o Plyoball, exercise tubing and/or wall

Return to Activity: Weeks 13 to 16

Criteria for progression
• Full, painless ROM
• No pain or tenderness
• Muscle strength (isokinetic/isometric) that fulfills established criteria
• Satisfactory clinical exam

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

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

References:
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