POST-OPERATIVE PROTOCOL · SUBACROMIAL DECOMPRESSION · DCR · DEBRIDEMENT

ARTHROSCOPIC SHOULDER SURGERY

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These guidelines are a **framework** for the post-operative rehabilitation program. They **do not** substitute for any specific restrictions or requirements determined through the necessary shared decision-making and collaboration between the operating surgeon and the treating rehabilitation team. This protocol covers **subacromial decompression, distal clavicle resection and debridement**.

1 RESTORE MOTION & FUNCTION · GENERALLY 0–4 WEEKS POST-OP

GOALS Normal shoulder ROM · pain-free ADLs · minimize pain and swelling

PRECAUTIONS — WEEKS 0–4

- **NO** push-ups, heavy lifting or other sports participation
- **NO** repetitive overhead use of the shoulder
- If open DCE, avoid cross-body adduction and axial traction × 4 weeks
- Pain should be no more than mild to moderate during exercises; it should settle relatively quickly and should not inhibit exercises the following day

SLING & WOUND — COMFORT ONLY

- Sling use for comfort. Recommended use:
  - Days 1–3: wear sling ~75% of the time
  - Days 4–7: wear sling ~50% of the time
  - Days 8–10: discontinue sling
- Post-op dressing removed at PT evaluation
- May shower at post-op day 3; submerge in water after the wound is fully healed
- Suture removal at 7–14 days post-op by orthopaedics

MODALITIES — CRYOTHERAPY & SOFT TISSUE

- Cryotherapy
  - Hourly for 15 minutes for the first 24 hours after sensation is restored from the nerve block
  - Continue use until acute inflammation is controlled
  - Once controlled, use 3× per day for 15 minutes or longer as tolerated
- Soft tissue mobilization and other integrative medicine techniques
  - Soft tissue / trigger point work to the kinetic chain (cervical spine, scapula, forearm)

REHABILITATION — PROGRESS AS HEALING ALLOWS

- **Note:** as tolerated, progress rehabilitation exercises as wound healing occurs and the inflammatory response decreases
- ROM exercises
- Scapular strengthening emphasising scapular retractors / upward rotators
- Shoulder strength and endurance progression as ROM is normalized
  - Continue base strengthening / isometrics as needed
  - Consider blood flow restriction therapy to the non-operative and/or operative side as tolerated
  - Rotator cuff progressive resistance exercises (PREs)
  - Increase functional activities
- Modalities as required · aerobic conditioning
- Adjunct treatments to consider: dry needling, cervicothoracic manual therapy, aquatic therapy

FOLLOW-UP

- Supervised rehab: 1–2× per week
- PT re-eval: every 2 weeks
- Ortho re-eval: ~2 weeks and upon achievement of PT goals

MISCELLANEOUS

- Meet occupational requirements at 3–6 months
- Pass service fitness test at 6 months
- Progress activities for return to sport, collision sports or aggressive military training (e.g. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the orthopaedic surgeon and the physical therapist and **may require between 4–9 months before clearance without restrictions**.

REFERENCES

1. Orthopaedic Specialists of North Carolina protocol: Gall and Kirby.
2. Duke University arthroscopic subacromial decompression post-surgical rehabilitation protocol.
3. Massachusetts General Hospital postoperative shoulder rehabilitation protocols.

Adapted from the Arthroscopic Shoulder Rehabilitation guideline in the *Tri-Service Post-Operative Rehabilitation Guidelines*, Defense Health Agency, May 2020.

PROUD MEDICAL TEAM FOR

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