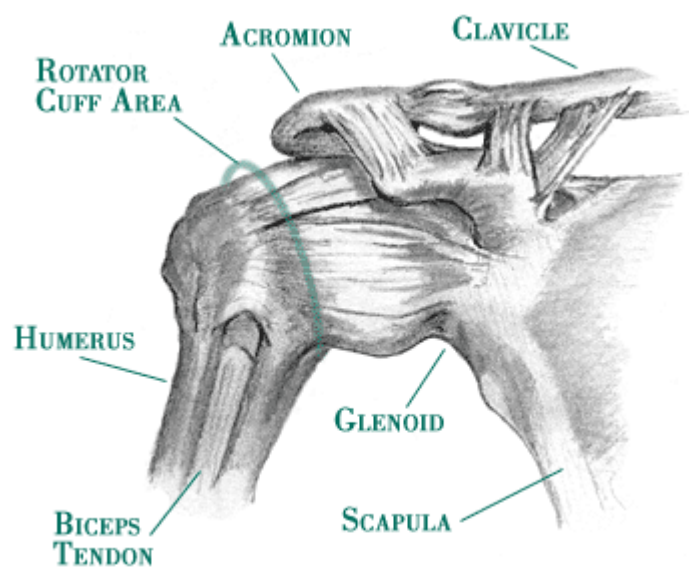


Exercises following arthroscopic subacromial decompression and/or acromioclavicular joint excision and/or excision of calcific deposits

Introduction

The subacromial area lies between the top of the arm bone (humerus) and a bony prominence on the shoulder blade (acromion). The coraco-acromial ligament completes the arch.

The rotator cuff tendons and a fluid filled cushion (bursa) lie between the humerus and the acromion. With certain movements and positions these structures can become pinched and inflamed. The pain that you have been experiencing is caused by this pinching and is typically felt on movements such as reaching and putting your arm into a jacket sleeve.



The operation aims to increase the size of the subacromial area and reduce the pressure on the tendons. It involves cutting the ligament and shaving away part of the acromion. This allows the tendons and muscles to heal.

General guidelines

Pain

A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you continue to take the painkillers as advised by the hospital. Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes; allow at least 20 minutes between each application of the ice pack.

Wearing a sling

You will return from theatre wearing a sling. This is for comfort only and should be discarded as soon as possible (usually within the first 1 to 2 days). Some people find it helpful to continue to wear the sling at night for a little longer if the shoulder feels tender.

The wound

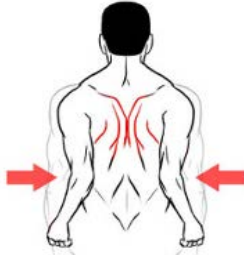

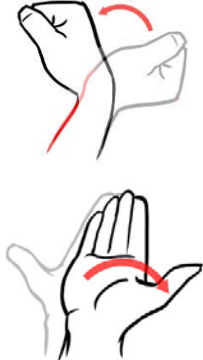
This is a keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

Follow up appointments

You will be followed up in the shoulder group in the Physiotherapy Department at about 3 weeks post-op, unless you are having difficulty you will be discharged to self manage your shoulder. You will also be given an appointment with your surgeon or a member of his team at 3 months after surgery.

Following surgery it is important you follow a strict regime of exercises (outlined below). Throughout your rehabilitation you must always be guided by your pain. Do not force, or over stretch the shoulder. It is advised that you do the exercises a minimum of 10 of each, three times a day.

Day 1

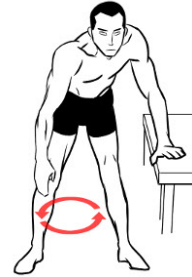
<p>Begin shoulder girdle exercises:</p> <ul style="list-style-type: none"> - Shrug the shoulders up to the ears. - Roll the shoulders backwards. - Squeeze the shoulder blades together. 	
<p>Begin elbow exercises:</p> <ul style="list-style-type: none"> - Bend and straighten the elbow. - With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction. 	
<p>Begin wrist and hand exercises:</p> <ul style="list-style-type: none"> - Bend the wrist forwards and backwards - Tilt the wrist from side to side. - Circle the wrist in a clockwise and anticlockwise direction. - Squeeze and make a fist. - Ensure you maintain a good upright posture in your sling. 	

Day 2 – Discharge

Continue shoulder girdle, elbow, wrist and hand mobility exercises.

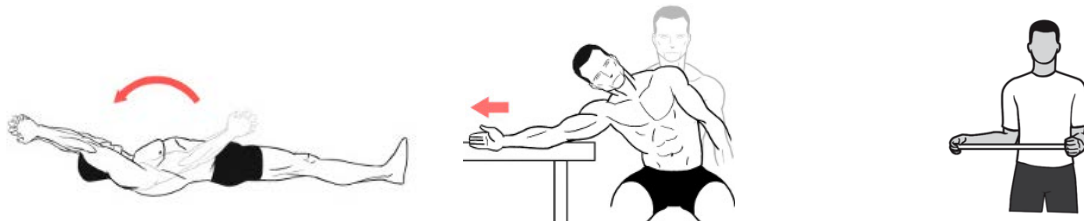
Begin gentle pendulum exercises:

- In a standing position, lean forwards and allow the arm to hang pointing towards the floor.
- Then gently circle the arm.



Begin passive shoulder exercises, do not force or push into pain:

- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Sitting in a chair alongside a table, slide the arm along the tabletop away from the body.
- Standing, tuck your elbows into your side, elbows bent, hold a stick or broom. Use the good arm to push the bad arm away from the body keeping the elbows tucked into the side (a rotational movement of the shoulder).



- Sit in a chair with the elbow of your operated arm resting on a table.
- Bend the elbow to 90 degrees fingers pointing towards the ceiling.
- Then add gentle pressure through the wrist using the other hand, pushing the hand towards your stomach.

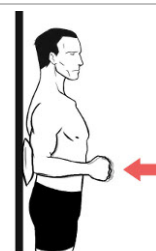


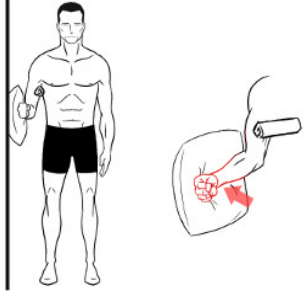

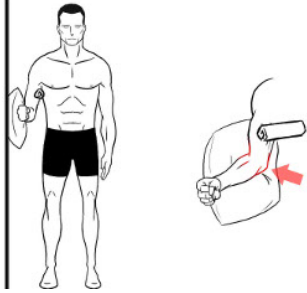
Begin gentle cuff isometric exercises as pain allows, do not force or push into pain:

- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



- Arm at your side, elbow bent to 90 degrees, stand with your back to the wall.
- Apply pressure back through the wall.



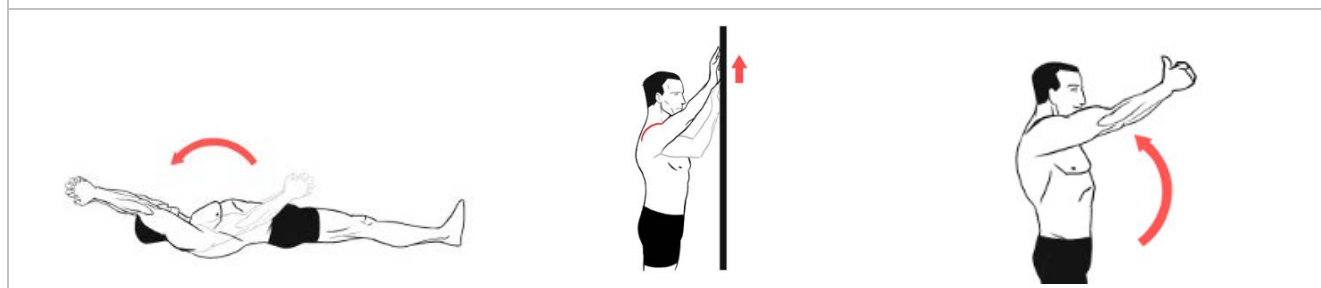
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand next to the wall. – Apply pressure out through the wall as if turning the arm outwards. 	
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand inside a door frame. – Apply pressure in against the door frame. 	
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand next to the wall. – Apply an outward pressure into the wall through your elbow. 	

Weeks 1 – 3

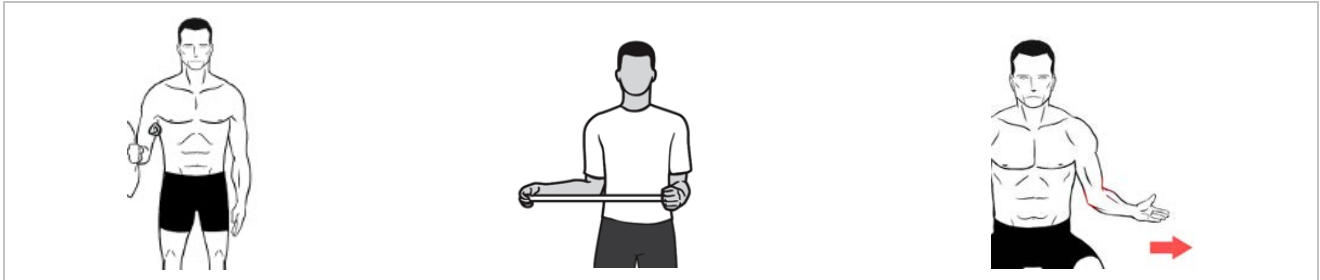
You will attend a physiotherapist-led group.
 Continue shoulder girdle, elbow, wrist and hand mobility exercises.
 Continue pendular exercises.

Progress passive exercises, to active assisted, then active, do not force or push into pain:

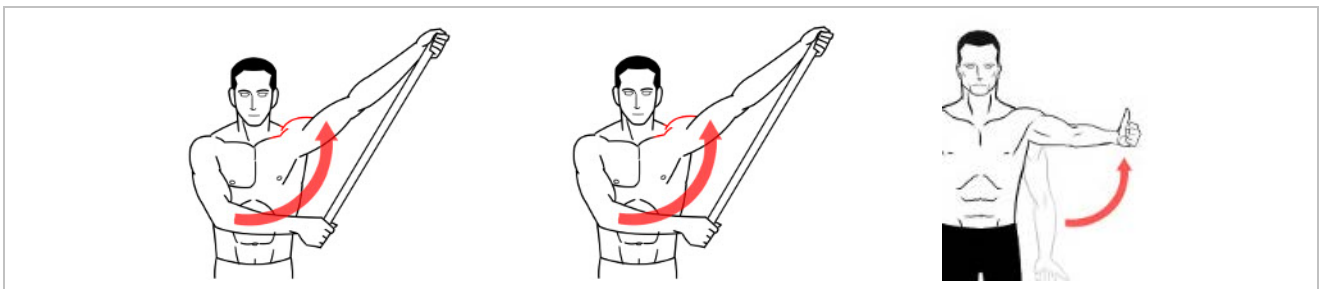
- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Standing, slide the operated arm up the wall in front of you.
- Standing, lift the operated arm above your head unassisted.



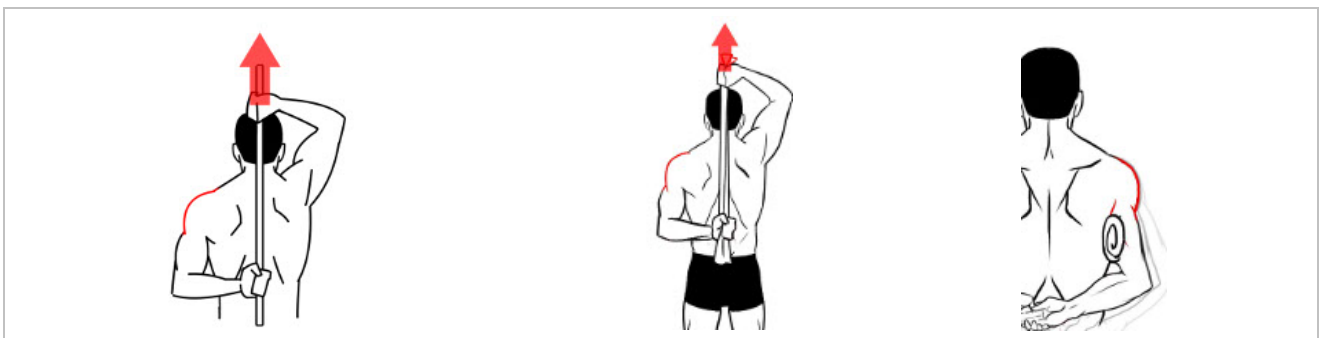
- Sitting or standing, tuck your elbows into your side, elbows bent hands grasped together. Use the good arm to push the bad arm away from the body as comfort allows.
- Sitting or standing, tuck your elbows into your side, elbows bent hold a stick or broom. Use the good arm to assist the bad arm away from the body as comfort allows.
- Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted.



- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead.
- Standing, holding a stick or broom, use the good arm to assist the operated arm away from the body, around overhead.
- Standing, lift the away from the body, around overhead unassisted.



- Standing, lower the stick down your back using your good hand. Reach up behind your back grasping the stick in your operated side's hand. Use the good arm to gently lift the hand up the back.
- Standing, lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your operated side's hand. Lift the bad arm as much as possible up behind the back, using the good arm to assist it.
- Standing, lift the bad arm up behind the back unassisted. A rolled up towel provides a small amount of traction and may make the exercise more comfortable but is not essential.



Begin stretching of limited movements:

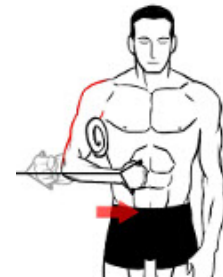
(If you are having trouble reaching your hand up your back, use a towel or grasp hand behind your back and pull or lift the arm up the back to stretch the movement.) Lie on the operated shoulder, lift the arm to shoulder height resting on the bed and bend the elbow to 90 degrees.

- Use the opposite hand to push the operated sides palm down towards the bed stretching the shoulder.
- If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow.
- If you are having trouble reaching across to your opposite shoulder, lean forward through a door frame, stretching open the chest and shoulders.

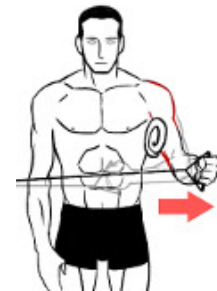


Progress rotator cuff strengthening and begin closed chain exercises:

- Standing or sitting, attach Theraband (provided by your physio) to door handle, elbow tucked into side. A rolled up towel may make the exercise more comfortable but is not essential.
- Grasp Theraband, pull band in to touch stomach slowly and controlled.
- Return to start position.


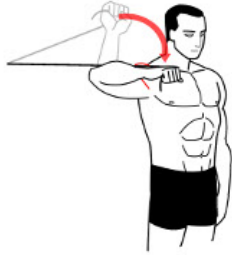

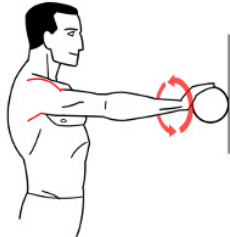
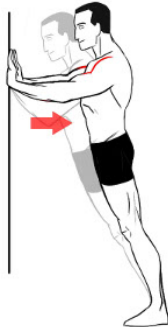



- Standing or sitting, attach Theraband to door handle, elbow tucked into side.
- Grasp Theraband, rotate arm and pull band away from body slowly and controlled.
- Return to start position.



- Lying on your back, lift your arm out to the side to shoulder height.
- Bend your elbow to 90 degrees, hand pointing towards the ceiling.
- Slowly, in a controlled manner, rotate the arm, pushing the palm towards the bed.
- Then slowly rotate backwards, pushing the back of the hand towards the bed.
- Hold a light weight to increase difficulty.



<ul style="list-style-type: none"> - Lying on your good side, tuck your elbow into your side. - Hand pointed towards the ceiling, slowly rotate your arm, bringing your hand to your stomach. - Hold a light weight to increase difficulty. 	
<ul style="list-style-type: none"> - Standing, tie a knot in the end of your Theraband. - Throw it over the top of a door and close the door holding the band in place. - Slowly rotate the arm, keeping the upper arm still and bringing the hand forwards towards the floor. 	
<ul style="list-style-type: none"> - Standing, tie a knot in the end of your Theraband. - Throw it over the top of a door and close the door holding the band in place. - Slowly rotate the arm, keeping the upper arm still and bring the hand back, finishing with the hand pointing towards the ceiling. 	
<p>Proprioceptive exercises and core stability work:</p> <ul style="list-style-type: none"> - Standing, lift arm straight in front to shoulder height. - Roll a ball in different directions along the wall. 	
<ul style="list-style-type: none"> - Standing, hands shoulder width apart, shoulder height, resting on wall, lower body to wall. - Push through arms. - Return to starting position. 	
<ul style="list-style-type: none"> - On hands and knees, or a press up position, lift one arm straight in front of body. - Slowly lower back to start position. - Repeat on opposite arm. - To increase difficulty, lift opposite leg at the same time. 	

Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- Driving: 1-2 weeks or when safe
- Lifting: As able
- Swimming: breaststroke: 2-3 weeks; front crawl: When able
- Golf: 6 weeks (but not driving range)
- Contact sports: Sport specific training when comfortable. Competitive play when able.
- Return to work: dependent upon your occupation but sedentary jobs (no lifting) may return at 10 days to 6 weeks. Medium work (light lifting below shoulder level) from 6 weeks. Heavy work (above shoulder height) at 3-6 months.

Note: These are guidelines only.

Further information

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Physiotherapy, February 2017

Review due: February 2019