

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

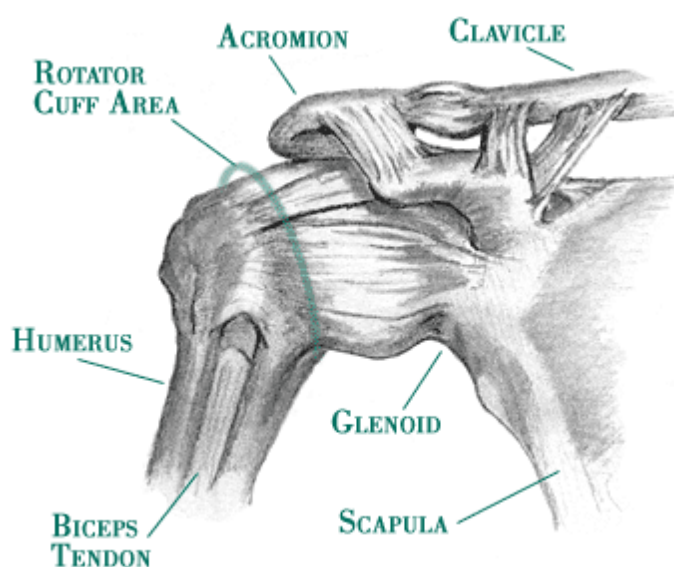
This leaflet gives advice and exercises following shoulder surgery. If you have any questions or concerns, please speak to your physiotherapist.

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 out to the side 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

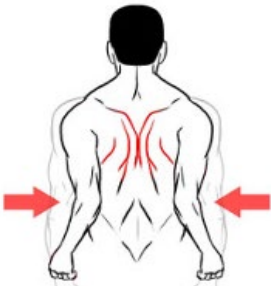
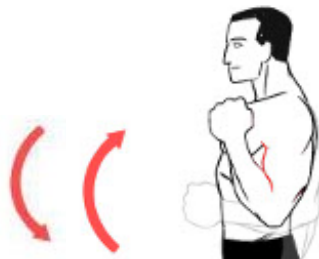
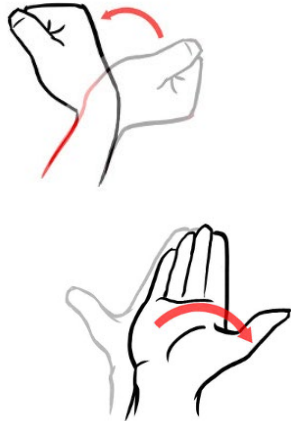
- **Pain:** A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you continue to take the painkillers 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 one or two 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 up to 10 - 14 days

- **Follow up appointments:** You will be followed up in the shoulder group in the Physiotherapy Department at about three weeks after your operation, 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 a tthree months after your operation.

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 5 - 10 of each, three times a day.

Exercises

Day 1

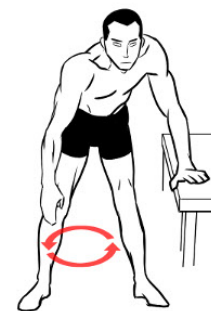
<p>Begin shoulder girdle exercises:</p> <ul style="list-style-type: none"> • Shrug the shoulders up to the ears. • Roll the shoulders backwards. • Squeeze the shoulder blades together. 	
<p>Begin elbow exercises:</p> <ul style="list-style-type: none"> • Bend and straighten the elbow. • With a bent elbow 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 – Week 3

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
- Also swing the arm backwards and forwards



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

- Lying on your back use the good arm to support the bad arm and lift it straight above your head.



- 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).

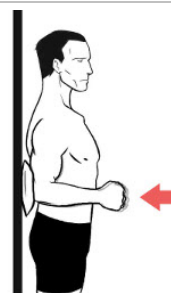


Begin gentle cuff isometric exercises as pain allows, do not force or push into pain:

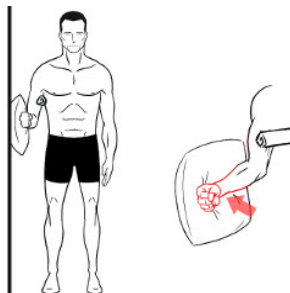
- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



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



- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply pressure from the back of your hand out through the wall as if turning the arm outwards.

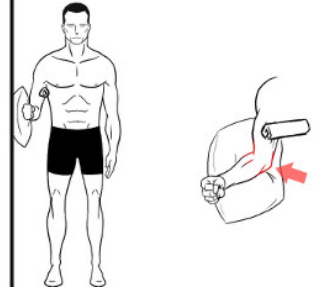







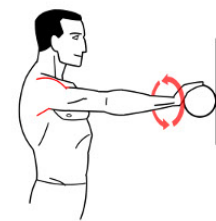
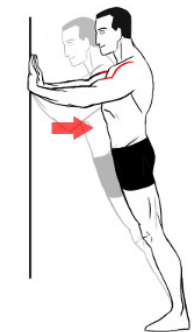
Compassionate

Aspirational

Resourceful

Excellent

<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 and forearm 	
<p>Progress passive exercises, to active assisted, then active, <u>do not force or push into pain:</u></p>	
<ul style="list-style-type: none"> • Standing, slide the operated arm up the wall in front of you 	
<ul style="list-style-type: none"> • Standing, lift the operated arm above your head unassisted 	
<ul style="list-style-type: none"> • Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted. 	
<ul style="list-style-type: none"> • Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead. 	
<ul style="list-style-type: none"> • As your strength improves, you can lift the arm out to the side without the stick. 	

<ul style="list-style-type: none"> • 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. 	
<p>From Week 3</p>	
<ul style="list-style-type: none"> • 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. 	
<ul style="list-style-type: none"> • Lean forward through a door frame, stretching open the chest and shoulders. 	
<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. 	
<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. 	

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: from 6 weeks; front crawl: when able
- **Golf:** 8 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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For questions or concerns please contact: Daniel Wiltshire

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Images courtesy of <http://www.pt-helper.com>

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Please ask if you need this information in another language or format.

Physiotherapy, May 2021

Next review due: May 2023