



# Arthroscopic Acromioplasty

## Rehabilitation Protocol

### Introduction

Impingement Syndrome is a common cause of chronic shoulder pain. In this condition, the rotator cuff tendon becomes “pinched” under the anterior aspect of the acromion during elevation of the upper extremity. Normally there is just enough room for the rotator cuff and the overlying bursa to slide through without significant friction. However, if the subacromial outlet becomes narrowed secondary to anterior acromial spur formation, or if the rotator cuff tendon or bursa becomes enlarged impingement can occur. In most cases this condition resolves with rest and rehabilitation. However, 10-30% of patients requires surgical intervention

### Phase I: 0 - 4 Weeks

#### Clinical Goals:

- ◆ Restore passive and active ROM as tolerated
- ◆ Pain-free sleep and activities of daily living to shoulder height.

#### Testing:

- ◆ Bilateral ROM

#### Exercises:

- ◆ Ice will be utilized during this phase to control pain and swelling.
- ◆ Passive, active-assistive and/or active ROM are performed depending on the patient’s tolerance.
  - These exercises consist of pendulum, pulley, PROM and/or wand exercises in all planes of motion as tolerated
- ◆ Isometric strengthening exercises are also initiated at this time.

#### Follow-up

- ◆ The patient will follow-up one time weekly to measure ROM, monitor pain, and update HEP as tolerated
- ◆ The patient will return to see the physician at one month

### Phase II: 4 - 12 Weeks

#### Clinical Goals:

- ◆ full pain-free AROM and light work activities

#### Testing:

- ◆ Bilateral ROM

- ◆ Bilateral strength with MMT

Exercises:

- ◆ Ice is used depending on the patient's symptoms.
- ◆ Doorway stretching for flexion and external rotation is used to attain end-range motion if needed.
- ◆ Tubing exercises are initiated at this time. Patients will begin with IR/ER in a neutral position, progressing to flexion, extension, and abduction as tolerated.

Tubing exercises should remain at or below 90° of elevation

- ◆ Dumbbell exercises are implemented when tolerated. Flexion/abduction to 90°, IR/ER in sidelying position
- ◆ Hughston exercises can be implemented for scapular stabilization when tolerable.
- ◆ Emphasis is placed on proper elevation techniques and scapular stabilization
- ◆ Isokinetics are discouraged by our physicians.

Follow-up

- ◆ The patient will follow-up with the physician monthly during this phase; physical therapy visits will be determined on an individual basis by the therapist depending on the patient's progress and/or complications

### **Phase III: 3 - 6 Months**

Clinical Goals:

- ◆ Pain-free work or athletic activities.

Testing:

- ◆ Bilateral ROM

Exercises:

- ◆ The focus of this phase is on the functional return of the patient to his or her prior level of activity.
- ◆ The patient will be able to utilize heavier weight with exercise and may begin weight room activities such as bench press, lat pulls to front, rows, bicep/tricep work.

Strength exercises at or above 90° may be implemented as long as it is pain free.

Exercises done behind the neck such as lat pulls to the back, shoulder press, flys, pect. deck are discouraged.

- ◆ Implementation of a sport specific functional progression is appropriate at this time.
- ◆ The patient is discharged once they have full ROM, normal strength and resumed full pain free, uninhibited activity.