




WORKERS' COMPENSATION BOARD
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Decompression/Acromioplasty
(with intact rotator cuff)
Post-op Rehabilitation Guidelines

These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: Decompression/Acromioplasty (with intact rotator cuff)

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
Immediate motion phase (Post-op to 1 week):	<ul style="list-style-type: none">• Sling x 4-7 days (as directed by the surgeon)• Elbow, wrist, hand ROM• Pendulum exercises• Modalities for inflammation, as needed• Education (re: anatomy, surgical procedure, rehabilitation phases, posture)	<ul style="list-style-type: none">• Rest, initiate movement, pain control	
Intermediate phase (Weeks 2-6):	<ul style="list-style-type: none">• Passive ROM• Active-assisted ROM: flexion, extension, Internal/External Rotation (at 0° abduction)• Active ROM• Strength: isometric (early) → progress to submax isotonic• Scapular stabilizing exercises• Start proprioceptive neuromuscular facilitation• Modalities for inflammation, as needed	<ul style="list-style-type: none">• AROM: 130° elevation; 40° ER (at 0° abduction)	
Dynamic strengthening phase (Weeks 7-12):	<ul style="list-style-type: none">• Continue with Active, Active-assisted, PROM, stretching• Work on Internal/External Rotation at 45° abduction → progressing to 90° abduction• Strength exercises: eccentric/concentric• Continue with scapular stabilizing exercises	<ul style="list-style-type: none">• Full ROM, near normal strength (4/5)	

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Return to activity phase (Weeks 12-16):	<ul style="list-style-type: none"> Functional activities/ Return to work activities 	<ul style="list-style-type: none"> Full ROM, normal strength 	
Weeks 16+:	<ul style="list-style-type: none"> If further conditioning is required, Case Manager will consider referral to Occupational Rehabilitation 1 Program If further conditioning and attention to functional capabilities/ job demands is required, Case Manager will consider referral to Occupational Rehabilitation Program 	<ul style="list-style-type: none"> Maximize function 	

Legend of abbreviations:

- ROM= Range of Motion

References:

1. Clinical Orthopaedic Rehabilitation. Ed.: S. Brent Brotzman; Mosby-Year Book, Inc., 1996
2. Leetun D, Neff M (Arthroscopic Acromioplasty Protocol)

Developed by:

The post-operative protocols are based on existing protocols from the Orthopaedic surgeons in the Visiting Specialist Clinic (VSC), amalgamated with protocols identified from a extensive review of current surgical and rehabilitation literature. The VSC surgeons vetted the revised protocols along with a committee comprised of Sports Medicine, Occupational Medicine, Physiatrist physicians, Client Services Manager and both clinical and administrative physiotherapists within the Board. As well, representatives from Physiotherapy Association of BC have reviewed these protocols.