

# Postop Decompression and Debridement (D & D, or acromioplasty with or without coracoacromial ligament release)

## Shoulder Rehab Protocol

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Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy may start. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.

Instructions to therapist: Below are specific guidelines which are just that-guidelines. Every patient is different and there is room for adjusting protocol depending on progress. There should NEVER be ANY pain during ANY part of the rehabilitation. Pain causes inflammation which causes scar and stiffness and guarding and worsens the long-term prognosis.

### Week 1

- Sling or immobilizer full-time except bathing and exercises
  - Pendulums
  - Pulleys
  - Passive forward flexion limited by pain
  - Wall walking facing wall, and side-to-wall
  - Periscapulars
  - Bicep / tricep / deltoid isometrics
  - Elbow / wrist / hand AROM
- Remove pain pump when empty, usually day 3-4, usually done by pt

### Week 2-6

- A/AAROM and patient assisted PROM
- Continue week 1 exercises until full ROM achieved
- Modalities and needed for pain control and inflammation
- Add
  - Wand exercises for ER
  - Towel / wand exercises for IR
  - Any other stretching techniques needed
  - Place and hold in flexion and abduction
  - Postural awareness

*COMMENTS: Patients progress at different rates. When the patient is pain free, and ROM is nearly full, strengthening can begin. This can be as early as 1 week, but is normally about 4 weeks.*

#### Week 6-10

- Continue modalities as needed
- Aggressive stretching to establish full ROM if not achieved by now
- Strengthening until patient is fully recovered
  - Plyometrics and any coordination/endurance/proprioception exercises
  - Avoid cross-chest position which can compress AC joint
  - Never do upright rows
  - With pull-down exercises for the traps, patient should always see the back of the hands
  - Weights should be handled slowly, with complete control and smooth rhythm. If the patient jerks or moves the body, too much weight is being used
- Progress to home exercise program

*COMMENTS: During this phase you will work to improve coordination/endurance and return to sports and heavy activities including overhead reaching and lifting.*

#### Week 10 and beyond

Sports specific rehab as indicated. Consider throwing mechanics program.