1.0 Policy Statement.................................................................................. 2
2.0 Purpose.................................................................................................. 2
3.0 Scope.................................................................................................... 2
4.0 Health & Safety................................................................................. 2
5.0 Responsibilities.................................................................................. 2
6.0 Definitions and Abbreviations .......................................................... 3
7.0 Guideline............................................................................................. 3
7.1 Pre-Operative....................................................................................... 3
7.2 Post-Operative..................................................................................... 3
7.3 Physio Aims......................................................................................... 4
7.4 Return to Function Activities......................................................... 4
8.0 Related Documents ........................................................................... 4
9.0 Appendices......................................................................................... 4
10.0 References........................................................................................ 4

This is a controlled document and is intended to be viewed via Q-Pulse therefore printed hardcopies expire within 24 hours from 18:35:15, 04/01/2013
1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing arthroscopic subacromial decompression.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing arthroscopic subacromial decompression, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations
This operative procedure aims to increase the size of the subacromial space. Evidence of inflammation or scuffing on the under surface of the acromion, coraco-acromial ligament and on the bursal side of the rotator cuff ("kissing lesion") indicates the presence of an impingement. The condition of the acromial surface (A) and the bursal surface (B) are scored on a scale of 1-4.

The operation involves the removal of the anterior third of the acromion and partial resection of the coraco-acromial ligament. The acromio-clavicular joint (ACJ) remains intact unless excision is indicated. The superior acromioclavicular (AC) ligament remains intact so that the joint remains stable.

7.0 Guideline
7.1 Pre-Operative
7.1.1 Assessment as appropriate, to include shoulder, neck and scapular range of movement, muscle strength & general upper limb function.

7.2 Post-Operative
7.2.1 Day 1
7.2.1.1 The patient is seen post-operatively and given exercises and advice. Initially they will be a sling and this should be discarded within the first 1-2 days, pain permitting.

7.2.1.2 Information regarding the pathology seen during the operation can be obtained from the consultant, and should be taken into consideration when guiding the patient through their rehabilitation.

7.2.1.3 In the first 3 weeks following surgery the patient should be encouraged to move the shoulder into range as pain allows.

7.2.1.4 Isometric strengthening begins and as soon as possible is progressed using pain and range of movement as limiting factors.

7.2.1.5 It must be remembered however that over zealous physiotherapy and repetitive, sustained overhead activities could lead to delayed recovery.

7.2.1.6 The patient is seen for follow-up at 3 weeks.
7.2.1.7 At this stage passive flexion is usually full. Active flexion and abduction are both comfortable to 90 degrees. It is normal for there to be some discomfort with movement above 90 degrees, the progress of patients with ACJ excision may be slower.

7.3 Physiotherapy Aims

7.3.1 Achieve full range of movements

7.3.2 Improve postural awareness and initiate scapula stability.

7.3.3 Strengthen the rotator cuff.

7.3.4 Restore proprioception using open and closed chain activities.

7.3.5 If the rotator cuff is deficient, strengthen anterior deltoid in supine.

7.4 Return to Function Activities

7.5.1 Driving: At 1 week

7.5.2 Swimming: Breaststroke at 2-3 weeks
  Freestyle at 3 months

7.5.3 Return to work: Dependant on the patient’s occupation

7.5.4 Golf: At 6 weeks, (but not driving range)

7.5.5 Racquet Sports: Sport specific training when comfortable
  Competitive play after 3 months

7.5.6 Lifting: As able

*It is important to avoid repetitive, sustained overhead activity at or above the shoulder height for 3 months

8.0 Related Documents

Individual Physio tools exercise sheets

9.0 Appendices

N/A

10.0 References

N/A

This is a controlled document and is intended to be viewed via Q-Pulse therefore printed hardcopies expire within 24 hours from 18:35:15, 04/01/2013

Page 4 of 4