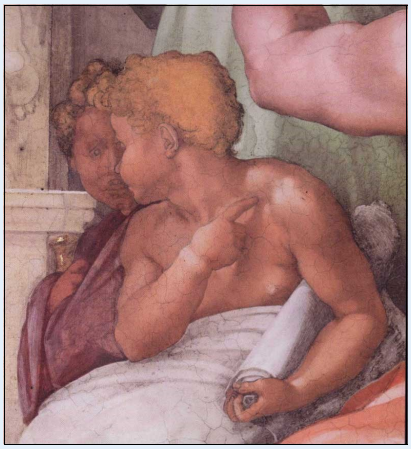
Royal Berkshire NHS
NHS Foundation Trust

# Anterior subacromial decompression +/- acromioclavicular joint excision (+/- biceps tenodesis / tenotomy +/- excision of calcific deposits)

Shoulder & Elbow Reading Shoulder Unit Centre

The anterior subacromial decompression is designed to improve pain and function in cases of mechanical impingement. The operation aims to increase the size of the subacromial space and reduce the pressure on the tendon. It involves cutting the ligament and shaving away the bone spur on the acromion. The acromioclavicular joint excision is designed to improve pain and function in cases of acromioclavicular joint arthritis or dysfunction. The procedure shaves the distal end of the clavicle, aiming to remove the painful and damaged joint without destabilising it. Calcium deposits in the rotator cuff are surgically removed to improve pain and function.



## INPATIENT GUIDELINES:

### Physiotherapy follow up appointment:

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

Prior to admission an appointment should be arranged to attend a post-operative group in the outpatient physiotherapy department 2-3 weeks after the surgery. Local physiotherapy will be arranged at 6 weeks post op from this class.

If this appointment has not been made an appointment needs to be made as soon as possible.

### Clinic follow up appointment:

- 3 months

*** If patient not progressing as expected, arrange review prior to follow-up. ***

### Sling use:

- Master sling with body belt can be removed within 2 – 4 days.
- (Exception – Biceps tenodesis - Master sling with body belt must be worn for 3 weeks).

### Contraindications/ risks:

- Advise patient to avoid repetitive or sustained overhead activity at or above shoulder height for 3 months

## Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications and sling use (2 – 4 days/ 3 weeks Biceps tenodesis)
- Teach day 1 – week 3 exercises as per protocol

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| | |
|---|---|
| Day 1 | • Master sling and body belt fitted in theatre<br>• Ice packs applied to shoulder<br>• Ensure physiotherapy and clinic appointment arranged<br>• Advise patient on analgesia use, contraindications and sling use.<br>• Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness |
| Day 2 – discharge | • Continue to wear Master sling – remove body belt<br>• Continue to use ice packs<br>• Teach auxiliary hygiene<br>• Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness<br>• Begin gentle pendulum exercises in forward leaning position<br>• Begin passive flexion, abduction, external rotation, internal rotation in abduction and hand behind back DO NOT FORCE OR PUSH INTO PAIN<br>• Begin **rotator cuff isometric exercises**<br>• Begin **scapular stability exercises** |
| Week 1 – 3+ Patient will attend a physiotherapist led group | • Gradually wean off sling<br>• Issue analgesia advice, pacing education and sleep strategies<br>• Encourage progressive increase in ADL's and advise on return to work<br>• Continue shoulder girdle, elbow, wrist and hand mobility exercises<br>• Continue pendulum exercises<br>• Progress passive exercises, to active assisted, then active DO NOT FORCE OR PUSH INTO PAIN<br>• **Progress rotator cuff exercises from isometrics, to closed chain, to open chain**<br>• **Progress scapula stability exercises**<br>• **Progress return to sport, exercise and work**<br>• Begin proprioceptive exercises and core stability work as appropriate |

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Consideration should always be given to the individual patients' ability. The patient will attend a physiotherapist led group at 2 -3 weeks post-operatively and will then be discharged to self-manage.

Should the patient fail to progress independently; physiotherapy treatment can be arranged. In these cases progression should be tailored to the individual patient and contraindications must be followed for the full 3 months.

The Consultant clinic follow up appointment is planned for 3 months post-operatively but can be expedited if necessary.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

Return to functional activities

- *Driving* 1 - 2 weeks or when safe.
- *Lifting* As able.
- *Swimming* Breast stroke at 2 - 3 weeks, freestyle when able.

*Return to work* Light work (no lifting) 10 days - 6 weeks.
Medium work (light lifting below shoulder level) from 6 weeks
Heavy work (above shoulder height ) 3 - 6 months.

- *Golf* 6 weeks (but not driving range).

*Racquet sports* Sport specific training when comfortable
Competitive play when able.

**Note: These are guideline protocols only.**

*For questions or concerns please contact:*
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*Protocol for Prof O. Levy—Royal Berkshire Hospital*
*Protocol written by Jon Lee—ESP Physiotherapist—Royal Berkshire Hospital—October 2016*