

Alta View Sports Medicine



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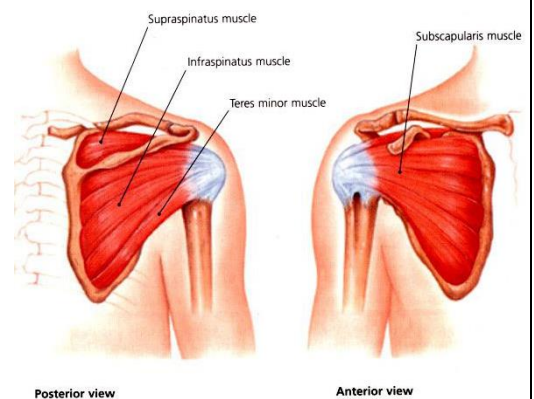
Shoulder Arthroscopy for Impingement (including subacromial decompression & distal clavicle excision)

What to Expect

The rotator cuff is comprised of four muscles (supraspinatus, infraspinatus, teres minor, and subscapularis) that span from the scapula to the humerus to stabilize the shoulder joint and allow controlled shoulder motion. In the absence of a tear, the tendons can become “pinched” under the acromion (the “roof” of the scapula over the rotator cuff) with raising your arm overhead or during lifting. This impingement can lead to tendinopathy of the rotator cuff and cause pain. You may also have pain from arthritis at the joint above the shoulder where the acromion joins with the clavicle (acromioclavicular joint). If you experience persistent pain at night and with shoulder motion that doesn’t improve with conservative treatment, then surgery may be needed to decompress the space between the rotator cuff tendons and the acromion.

The surgery can be performed arthroscopically through a few small incisions and is done as an outpatient (you go home the same day). A full evaluation of the entire shoulder is performed. An arthroscopic burr is used to shave the undersurface of the acromion and the end of the clavicle in the presence of symptomatic arthritis of the acromioclavicular joint. Appropriate rehabilitation is critical to the success of the procedure to prevent stiffness.

For more info see “Shoulder Impingement” on www.orthoinfo.aaos.org



Phase 1 (0 – 2 weeks postop)

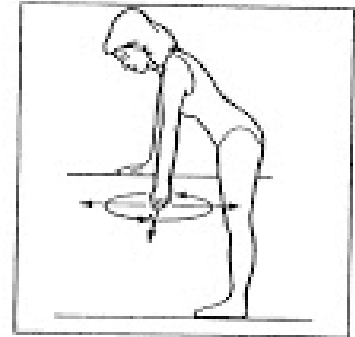
Goals: Control pain, diminish swelling, begin early shoulder motion

- Pain: You will be prescribed pain medication to use after surgery. Use as directed and wean use to as needed. You may begin taking an anti-inflammatory medication (i.e. ibuprofen, naproxen) unless medically contraindicated. Do not drive or use alcohol while taking narcotic pain medication.
- Sling: A sling will be placed before you wake up from surgery. Keep the sling on at all times when up and about and when sleeping. You may remove your arm gently from the sling to move your shoulder, elbow, wrist, and fingers when sitting in a controlled environment at home a few times a day. The sling is used for comfort for 2-3 weeks.
 - Have someone help you remove and replace the sling. It is easier to wear button down shirts instead of pullover shirts. With the sling removed, hold your shoulder steady as if the sling were still on, slip your shirt over your arm and shoulder, and then have someone assist in replacing the sling.
- Ice: Place a bag of ice or cryocuff on the shoulder for 30 minutes a few times each day and after therapy or home exercises.
- Dressing: Remove the shoulder dressing/tape about your shoulder on the 3rd day after surgery
 - You may shower after the 3rd day, but stand keeping the shoulder away from the direct shower spray. To wash under your arm bend forward allowing the hanging arm to drift away from your body. Do not lift your arm or try to move the shoulder using its muscles. Pat the shoulder dry and cover incisions with band-aids.
 - Keep incisions covered with band-aids to protect incision during the day
- Driving: make arrangements as you should not drive while wearing a sling— usually about 3-4 weeks after your surgery.
- Schedule your postoperative visit for 10-14 days after surgery. At this visit:
 - Suture removal
 - Review of your surgery (bring your surgical photos) and rehab plan

Exercises

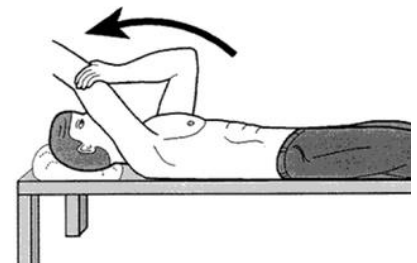
- Precautions:
 - NO lifting objects
 - NO sudden arm movements
- Arm, wrist, finger motion
 - Remove arm from sling to bend your elbow, wrist, and fingers for 5 min 5x/day
- Pendulum exercises
 - Gently remove sling, bend forward to allow your hanging arm to fall away from your body.
 - Use your unaffected arm to rotate your operative arm in a circular motion and side to side. Your operative shoulder and arm should remain completely relaxed
 - 3 min 3x/day

Pendulum Exercise

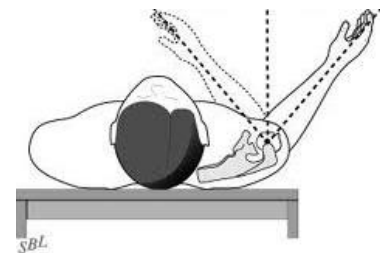


- Shoulder shrug & scapula retraction
 - Gently raise shoulders with sling in place and retract your shoulder blades behind you

- Supine Forward Flexion
 - Lying on your back, raise your surgical arm by the wrist/elbow using your unaffected arm to a position directly in front of you pointing toward the ceiling, hold for 10 sec at stretch



- Supine Shoulder internal/external rotation
 - 3 min 3x/day



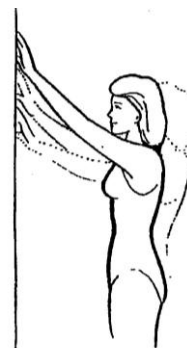
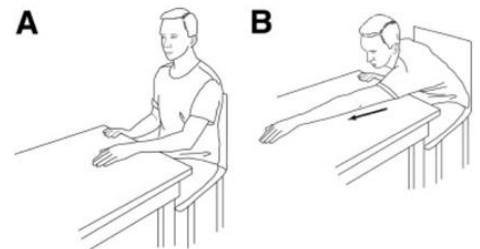
Phase 2 (2 - 6 weeks postop)

Goals: Control pain, regain full passive range of motion, begin active range of motion, return to functional activity

- Sling: You may begin to wean out of the sling as tolerated. You may use it after therapy or for comfort
- Range of Motion: once you have achieved full passive shoulder motion you may begin to actively move your shoulder using its own muscles. Perform daily stretching as listed in Phase 1 and below to prevent stiffness.
- If you had a biceps tenodesis, NO lifting until 6 weeks after surgery
- Pain: begin to wean off narcotic pain medication.
- Schedule a clinic visit about 6 weeks from your surgery date

Exercises

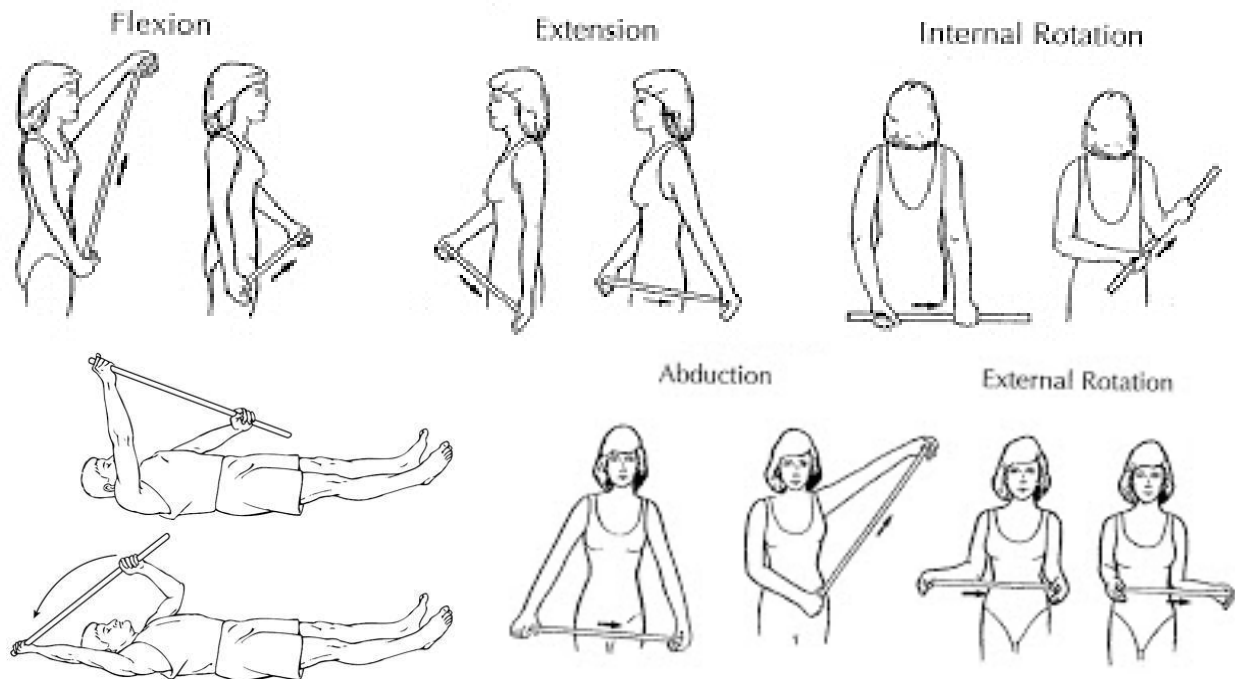
- Continue all exercises from Phase 1
- Passive Range of Motion—perform stretching exercises for at least 5 min 5x/day
 - Table Slides
 - Place surgical arm on a magazine or other flat sliding object on a table, stabilize at wrist with unaffected hand to begin sliding motion. Hold for 10 sec. Retract by reclining body and using unaffected hand. Avoid lifting surgical arm off table.
 - Scapula Retraction
 - Squeeze your shoulder blades together, hold for 10 seconds. Repeat 5 times
 - Walk the Wall
 - Gently walk up and back down a wall keeping your surgical shoulder relaxed. Hold for 10 sec and lean into the wall at the point where you feel the stretching sensation/mild pain.



Phase 2 Exercises continued

- Stick Exercises

- Use unaffected arm to gently push surgical arm in abduction, external rotation, forward flexion, extension, and internal rotation as shown below. Hold each stretch for 10 sec. Keep surgical shoulder relaxed throughout the motions.



- Active Range of Motion

--Begin moving your shoulder on its own once you have achieved full passive motion.

- Sidelying external rotation/internal rotation
- Prone Rowing
- Prone Horizontal Abduction/Extension/Flexion



Phase 3 (6-12 weeks postop)

Goals: Maintain full shoulder range of motion, begin gentle shoulder rotator cuff and peri-scapular muscle strengthening, improve ability to perform functional activities

- General rotator cuff health involves continual stretching and strengthening to your shoulder and avoiding activities that increase strain on your shoulder.
- Precautions: Use caution with lifting objects away from your body or overhead. Keep your arms and elbows in by your side during activity. Avoid excessive repetitive use of the shoulder. Stop activity/exercises and rest if you begin to experience an increase in pain.
- Schedule a clinic visit about 3 months from your surgery date

Exercises

- Continue stretching exercises from Phases 2 & 3

- Posterior stretch

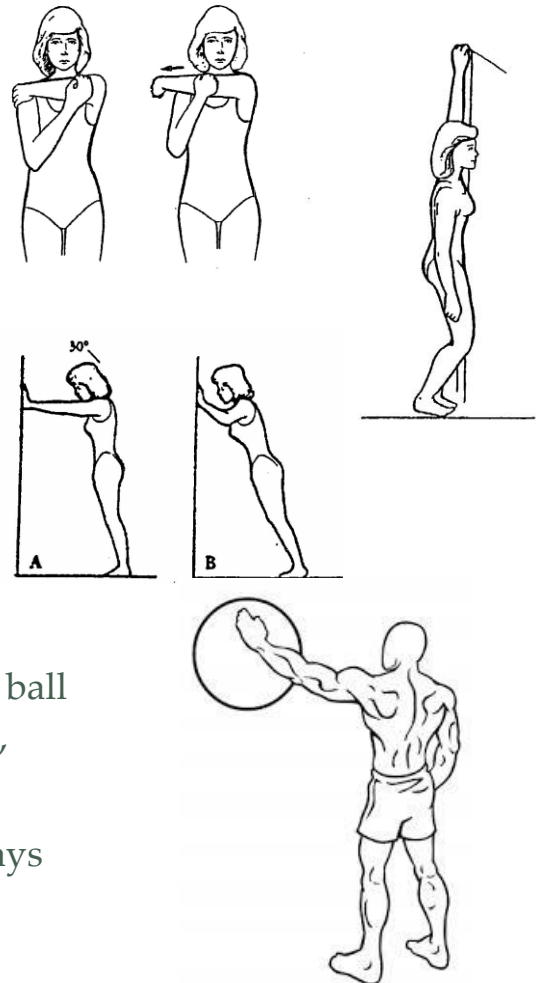
- Door Hang

- Gently bend your knees while maintaining grip on the top of door or shower stall to stretch the shoulder. Hold for 10 sec

- Wall Push Ups

- Closed chain axial ball roll

- With your arm in front of you, stabilize a gym ball against a wall and rotate it in circles clockwise, then counterclockwise
- Progress to arm out your side standing sideways

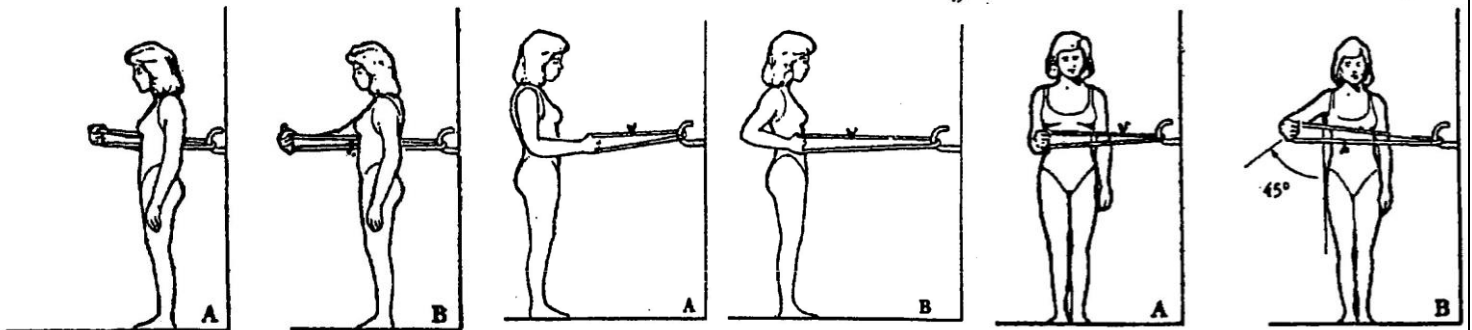
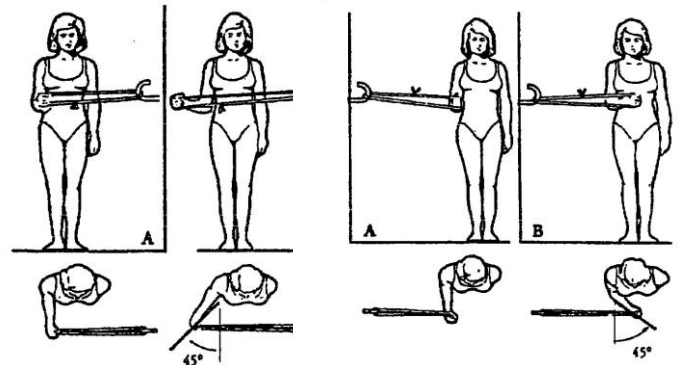
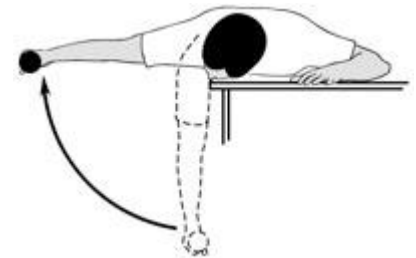


Phase 3 Exercises continued

Begin strengthening exercises with 1 lb weight, then progress up to 5 lb as tolerated.

--Exercise for ~ 5 min 5x/day

- Sidelying external/internal rotation
 - Lie on non-operative side, keep elbow bent at 90°. Lift hand off your abdomen and raise to the ceiling keeping elbow at your side.
- Prone Horizontal Abduction
 - Keep the elbow straight, raise arm slowly to eye level straight out to your side.
- Prone Horizontal Abduction/External Rotation
 - Keep the elbow straight, raise arm slowly to eye level straight out to your side with your thumb pointing up toward the ceiling
- Theraband Exercises
 - Begin with Yellow theraband, progress weekly as long as each previous band is easy to use.
 - 10-15 reps each, 3 sets with periods of rest
 - Other exercises can be introduced by your therapist



Phase 4 (3-4+ months postop)

Goals: Maintain full active range of motion, advance rotator cuff and shoulder strengthening, return to full activity and sport

- Continue daily shoulder stretches to prevent stiffness
- Advance your weight lifting regimen as tolerated. Ensure that with any activity you can always visualize your hands. Use high repetition with low-weight exercises. Your therapist will be an invaluable resource and will instruct you on appropriate strengthening regimen as well.
- Precautions: General rotator cuff health involves continual stretching and strengthening to your shoulder and avoiding activities that increase strain on your shoulder such as heavy lifting, pushing/pulling overhead or away from your body, and repetitive shoulder motion.
- Sports:
 - Golf: begin putting→light chipping→hitting off a tee→advance to full play
 - Tennis: two-hand swings→doubles practice→advance to single-hand forehand and backhand→slowly progress to serving
 - Skiing: caution to avoid falls
 - Swimming: may advance to freestyle and backhand stroke if you have no pain during or after activity
- Schedule a clinic visit for about 6 months from your surgery date.

Exercises

- Continue theraband and weight strengthening exercises
 - 3x weekly for 30 min.
- Overhead athletes (baseball, softball, etc):
 - Gradual, progressive throwing program
- Sports participation
 - Gradually return to overhead and throwing sports. Allow for 1-2 days of rest after any increase in shoulder pain.