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SHOULDER SUBACROMIAL DECOMPRESSION

General Comments:

Rotator cuff impingement syndrome is treated with a subacromial decompression, which is removing the anterior/inferior portion of the acromial surface. Many patients with impingement may have partial rotator cuff tears requiring debridement. Factors such as size of spur removal and presence or absence of rotator cuff fraying have an effect on post-op recovery. Some patients may rapidly regain function and be near normal function within 3 to 4 weeks, while others may require as long as 12 weeks to achieve maximum results. Post-op rehabilitation is primarily governed by pain and stiffness. Patients who are having minimal discomfort and minimal stiffness can progress at a very rapid pace to full activity. Laborers are generally expected to be at maximum medical improvement at 12 weeks after surgery. Light duty may commence at 5-7 days after surgery.

Day of Surgery:

A sling is worn for comfort and ice is used to control swelling. The patients are asked to remove their surgical dressing the day after surgery and initiate pendulum exercises and active range of motion of the wrist and elbow, approximately 3 to 4 times a day.

First Post-Op Visit (5-7 days):

Steri-strips are kept in place on the wound. Wounds at this point are dry and do not require a dressing. Patients are instructed in active and passive range of motion exercises. Phase II may be started at this point for patients who have tolerable pain and are off of narcotics.

Second Post-Op Visit (10-14 days):

Steri-strips are removed from the wounds and physical therapy initiated, initially emphasizing passive range of motion followed by active range of motion and then progression to a rotator cuff strengthening program.

Third Post-Op Visit (5-6 weeks):

At this point, patients should have achieved full passive range of motion and nearing full active range of motion. Rotator cuff strengthening exercises are initiated at this phase. Select patients may be progressed to work specific training or work hardening.

Fourth Post-Op (10-12 weeks):

The patient should have achieved all therapy goals at this point and patients are placed at maximum medical improvement and released to full duty with no restrictions. Selected patients working in heavy labor requiring extreme overhead lifting may require some additional therapy prior to returning to full duty.