

Johns Hopkins Shoulder Surgery  
Arthroscopic Acromioplasty Rehabilitation Program

Johns Hopkins Shoulder Surgeons

INTRODUCTION:

This is summary of the evaluation and rehabilitation of a patient following an arthroscopic acromioplasty. Treatment should be modified based on the condition of the rotator cuff. An open surgery, which involves the deltoid, should be protected with PROM for a least 3 weeks.

PREOPERATIVE PHYSICAL THERAPY:

MD: Prescription for outpatient Physical Therapy.

P.T.: Educate and instruct in therapeutic exercise

1. Educate on donning and doffing the sling. Explain that the sling will be used for up to the first 2 - 3 weeks for comfort. The patient may begin to wean themselves out of the sling after two weeks, unless otherwise directed by the physician.
2. Instruct in the application of ice or cryotherapy device. Encourage the use of the cryotherapy device as much as tolerated with in a 24 hour period for the first ten days post - op. If using ice packs, encourage to ice 20 - 30 mins every 3 - 4 hours while awake.
3. Instructed patient in Codman exercises to be performed 2 to 3 times per day, immediately followed by 20 - 30 minutes of ice.
4. Instructed in future ROM, scapular and shoulder strengthening exercises.
5. Schedule a follow up Physical Therapy appointment on the 7th to 10th day post-op to correspond with the physician's follow up visit.
6. Do not lift anything heavier than a coffee cup.

INPATIENT PHYSICAL THERAPY:

## ACUTE PHASE

Post-op days 1 through 7

MD: Complete consult for in-patient and out-patient Physical Therapy

P.T.:

1. Begin active finger, wrist and elbow range of motion (limit if deltoid was involved)
2. Initiate Codman exercises to be done 3 to 4 times per day followed by ice. (Physical Therapist will instruct patient and work with patient 2x/ day.)
3. Review donning and doffing of the sling.
4. Instruct to continue with home exercise program 3 - 4 times a day followed by ice for 15 - 20 minutes.
5. Confirm follow-up out-patient visit.

Dressing change post-op day #1 to bandaids or gauze bandages. Can get in shower POD # 3 - 5 but no baths or hot tubs.

## OUTPATIENT PHYSICAL THERAPY

Home program (initiated by therapist at 1st post-op visit on 7th to 10th day post-op)

1. Continue active finger, wrist and elbow range of motion exercises.
2. Continue Codman exercises through increasing range of motion.
3. Initiate scapular retraction exercises.
4. Wean from sling when patient is able to tolerate.
5. Begin supine wand exercises: supine flexion; supine abduction; supine external rotation; supine external rotation 45° abduction; supine internal rotation at 45° abduction; scaption below 60°.
6. Initiate shoulder shrugs.
7. Initiate pulley exercises (flexion and abduction) when 120 degrees of supine flexion is achieved.

Perform all exercises above 10 repetitions at least 2 times daily. Ice after exercise for 20 - 30 minutes.

## INTERMEDIATE PHASE:

Post-op days 8 through 14

1. Initiate the following active exercises AFTER full active assistive range of motion is achieved.

(AVOID IMPINGEMENT POSITIONS/SIGNS!)

- a. Shoulder flexion
- b. Shoulder abduction (use caution-avoid increase in subacromial pain)
- c. Modified-empty can exercise, performed with thumb pointed up, (well below shoulder level) - limit patient's shoulder elevation below 60 - 70 degrees
- d. Prone external rotation
- e. Perform all above exercises without weights 10 repetitions, 1 - 2 times daily, progressing to 10 repetitions x 2 sets, 1 - 2 times daily. Ice after exercises.

2. Continue with flexibility exercises as necessary

3. Initiate the following strengthening/aerobic exercises:

- a. Biceps curls with elbow supported
- b. Triceps extensions (supine) or kickbacks
- c. Wrist curls and extension
- d. Any leg strengthening exercises

Stationary bicycling as medical conditions permits. NO RUNNING PERMITTED AT THIS TIME! (Need to be pain free for approximately 3 weeks before resuming running)

Perform 12 repetitions, progressing to 3 times 12 every other day.

ADVANCED PHASE:

Post-op day 15 through 10 weeks

1. Continue with active range of motion exercises.
2. Full active range of motion should be achieved in 3 to 6 weeks maximum.
3. Begin multi-angle submaximal isometrics and progress to maximal isometrics as tolerated.
4. Initiate light (1 to 2 pounds initially) rotator cuff exercises; stress correct form. AVOID IMPINGEMENT POSITIONS/SIGNS.
5. Initiate and progress with scapular strengthening exercises as tolerated.
6. Perform PNF diagonal pattern #2 only under manual resistance.
7. Initiate UBE exercises.

8. Progress to isokinetic exercises.
9. Return to sports-specific skills at 6 to 8 weeks as tolerated.