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ASD (DECOMPRESSION) of the Shoulder Post Operative

Protocol This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

***Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460.

Phase I: Immediate Post-operative to 4 weeks

- Sling for 3-5 Days as pain requires. May discontinue when comfortable.
- Cold pack to shoulder for 3-5 days, as needed
- Day 1: May change dressing and shower directly over the wounds at that time
- Day 2: Begin passive pendulum exercises immediately
- First post-op visit with physician's assistant at 10-14 days following surgery. ○ Wound inspection and suture removal.
 - Overhead use of the arm is expected to be painful until the resected bone surface is recoated with fibrocartilage at 6-8 weeks post-op. Although it is somewhat painful, it is safe to move the arm into a full overhead position and full range of motion should be encouraged. If debridement of a partial-thickness rotator cuff tear was performed, early progress with active range of motion will be slower.

STRENGTHENING PROGRAM

- Begin no later than 4 weeks post-op
- May consist of manual resistive exercises for abduction, internal rotation and external rotation.
- Could also use small weights beginning at one pound and progressing up to five pounds.
- Consider Thera-band for more active patient needs.

Phase II: 2 to 4 months

- Gradual return to full functional overhead activities
- Consider work hardening

****SPECIAL CONSIDERATIONS****

- Highly competitive golfers take at least 4 months to return to form.