

ARTHROSCOPIC SUB ACROMIAL DECOMPRESSION (ASAD)

THERAPIST INFORMATION



- Surgery involves the removal of an anterior portion of the acromion and partial resection of the coraco-acromial ligament.
- The aim of the operative procedure is to increase the subacromial space.
- The Acromioclavicular joint (ACJ) remains intact unless excision is indicated. When performed, the superior AC ligament is retained for joint stability. The rehabilitation is usually slower compared to isolated ASAD procedure.
- Frequently it may be associated with other procedures related to biceps tendon or rotator cuff. Therefore please read the operation note to establish the exact nature of the procedure

AIMS OF PHYSIOTHERAPY

- Achieve full range of movement
 - Aim for full passive flexion at 3-4 weeks. Active flexion and abduction should be comfortable to 90 degrees.
 - Aim for FROM at 6 weeks.
- Improve scapula control and postural awareness
- Strengthen rotator cuff. Should this be deficient, anterior deltoid strengthening may be indicated.
- Restoring proprioception with closed chain exercises.

EARLY STAGE: Weeks 1-3

Aims	Treatment Guidelines
Minimise pain & swelling	<ul style="list-style-type: none">• Analgesia• Ice• Sling for comfort (2 weeks)
Increase ROM as pain allows	<ul style="list-style-type: none">• Begin pendulum exercises• Active assisted flexion• Active abduction /flexion to 90 degrees• Active external rotation
Maintain ROM other joints	<ul style="list-style-type: none">• Active shoulder girdle, elbow, wrist and hand exercises• Initiate scapula setting

LATE STAGE: 3 weeks onwards

Review with Consultant at 6 weeks, remove of sutures by 2 weeks.

Aims	Treatment Guidelines
Increase ROM	<ul style="list-style-type: none">• Progress to full active movements
Increase muscle control	<ul style="list-style-type: none">• Commence isometric rotator cuff strengthening• Progress to resisted strengthening
Proprioception & core stability	<ul style="list-style-type: none">• Closed and open chain exercises and core/scapula stability work as appropriate.• Frequently impingement is secondary to poor posture - to focus on posture training and long term ergonomics as appropriate.

Return to Functional Activities

These are approximate and will differ depending on the individual.

- **Driving** - 1 -2 weeks
- **Swimming** - Breaststroke - 2-3 weeks
Freestyle - 2-3 months
- **Golf** - 6 weeks
- **Lifting** - as able
- **Racquet sports** - Sport specific training when comfortable
- Return to competitive sport after 3 months
- **Return to work** - Dependent upon the patient's occupation, can go back to sedentary work in 2-3 weeks.