

SUB-ACROMIAL DECOMPRESSION



Nuffield
Health

General Guidelines

- Wear your SLING as needed for rest and pain relief. You can remove your sling as soon as your comfort allows and for washing, dressing and exercises.
- Do not underestimate the weight of your arm.
- There are NO limitations to your movement. Please move your arm as your pain allows.
- Avoid heavy lifting for 4-6 weeks.
- Avoid repeated overhead activities for 8-10 weeks.
- You can expect pain after the surgery, to manage this make sure to take your **regular** pain relief as prescribed, and you can also use ice on the shoulder for 20minutes every 2 hours.
- **Sleeping** can be uncomfortable in the first few weeks. Try to lie on your back with a pillow behind your operated arm, or if you lie on your side use a pillow underneath your arm and forearm to rest your hand on.

Home Exercises 4 times a day, 5 of each.

Complete the exercises as your pain allows and within the limitations explained.

Repeat the exercises little and often. Aim for 5-10 minutes, 4 times a day.

You will need to get into the habit of doing your exercises as a routine for several months to get the best results from surgery.

You can start your exercises when your nerve block wears off

- **Posture** - Try to maintain good posture at all times; do not be tempted to slump or round your shoulders.
- **Scapular Setting**—Thinking about the 2 points of your shoulder blades, imagine drawing them up and back towards each other. Hold contraction for 5 seconds.

Pendular exercises

Lean forwards and allow your arm to gently swing forwards and backwards, side-to-side, and in circles.

Flexion

Lying on your back, sitting or standing. Just move to the point of ‘pull’, do not worry if you cannot achieve full movement straight away.

1. Hold the wrist of your operated arm with your other hand. Use your good hand to lift your arm up in front of you.



2. Both hands on a table or kitchen counter - walk your feet backwards. Just to the point of a gentle pull.



3. Both hands on a table, or if you can manage on all 4s, either slide your hands across the table, or sit back on to your heels.



External Rotation

Lying on your back, sitting or standing.

1. Holding a stick, use your non-operated arm, to assist your operated arm to rotate outwards



2. Standing in a doorway, place your hand/ wrist on the doorframe, step your feet to turn your body away from your arm. Do NOT force the movement.



Extension

Holding a stick, use your non-operated arm, to assist your operated arm backwards.



Isometric Exercises

Internal Rotation

Stand with operated elbow tucked in to your waist. Try to move forearm inwards, resisting the movement with your good hand or with a door frame.



External Rotation

Stand with operated elbow tucked in to your waist. Try to move your forearm outwards, resisting the movement with your good hand or with the wall.



External Rotation/ Internal rotation with a stick

Holding a stick, use your non-operated arm, to RESIST your operated arm to turning outwards and then inwards. Your operated arm should stay completely still throughout.



It is normal to feel aching, discomfort or stretching sensation when doing the exercises; however if you experience intense and lasting pain (more than 30 minutes) do it less forcefully and less often. If this does not help, then discuss with your physiotherapist.

If these exercises are too difficult / painful to complete please contact the physiotherapy department.

You will have a physiotherapy appointment at 2 weeks after your surgery, where they will begin to progress your exercises.

Please do contact us if you have any problems or questions.

Your ability to get back to activity can be affected by your activity levels and movement before the surgery.

Unfortunately, sometimes you may find it is difficult to regain movement even though you are trying very hard. Reaching up behind your back is usually the hardest movement and last one to achieve. The aim for the surgery is to improve your ability. You may not regain perfect movement.

Most improvement is seen in the 6-8 weeks, however strength and movement can continue to improve for 18months to 2 years.

Getting back to activity:

- Your ability to restart activities will depend on your pain, range of movement and strength. It is challenging to guide on timelines to return due to the large differences between patients. Your physiotherapist and surgeon will advise you.
- To start with your want to complete activities for a short time, with 50% of your normal effort, and then gradually increase. Returning to non-contact sports around 6-8 weeks, and contact sports after 12-16 weeks.
- Once the wounds are healed you can try movements in water. Skulling or breast stroke may be easier initially after around 2-4 weeks. Then freestyle at 8+ weeks.
- You can exercise the rest of your body immediately. Try to regain the natural swing of your arm as you walk.
- You can usually return to driving at 2-3 weeks, as long as you can hold the wheel, and operate the gears, to complete an emergency stop safely.

For an appointment at the
Nuffield Health Wessex Hospital

please telephone:

0845 045 48 45

If you have any problems or concerns please telephone:

023 8025 8406



Nuffield Health Wessex Hospital

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It is company policy to provide credit/debit card details on arrival of appointments.