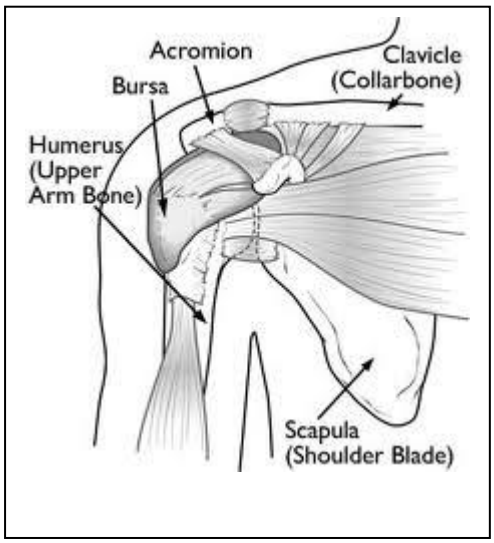
Airedale NHS
NHS Foundation Trust

Rehabilitation after Arthroscopic Subacromial Decompression

The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone), and the clavicle (collarbone).The subacromial area lies between the top of the arm bone (humerus) and a bony prominence on the shoulder blade (acromion). There are also a number of muscles, ligaments and tendons around the shoulder. Ligaments are fibres that link bones together at a joint. Tendons are fibres that attach muscle to bone.



A group of four muscles called the 'rotator cuff' are positioned around the shoulder joint and join into a large tendon (rotator cuff tendon). They are called supraspinatus, infraspinatus, subscapularis and teres minor and help to stabilise the shoulder joint and move the arm. The rotator cuff tendon passes through the subacromial space (the space underneath the acromion part of the scapula, or shoulder blade). A bursa is located above the rotator cuff tendon, which is a fluid filled sack to reduce friction between the humerus and the acromion.

With certain movements and positions these structures can become pinched and inflamed. The pain you have been experiencing is caused by this pinching and is typically felt on movements such as reaching upwards and putting your arm into a jacket sleeve.

What is an arthroscopic subacromial decompression?

This operation aims to increase the size of the subacromial area and reduce the pressure on the rotator cuff tendon. It involves cutting the coroco-acromial ligament above the bursa and shaving away part of the acromion. This allows the muscle to heal.

What is the initial treatment after the operation?

The shoulder will be sore for the first few weeks. It is important that you continue to take the **painkillers** as directed by your GP.

Use the **sling** as advised by your surgeon.

Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the shoulder for up to 20 minutes.

Your shoulder movement will be reduced and the shoulder feels stiff so it is important to start with the **gentle exercises** attached to be done frequently throughout the day. The arm may feel sore whilst you are doing the exercises but there should be no intense or lasting pain.

Before starting any activity / exercise it is important to be aware of your **posture** and position your shoulders correctly by gently moving your shoulder blades down and in towards the spine.

When can I return to activity?

You should avoid sustained, repetitive overhead activities for three months.

With regard to swimming you may begin breaststroke as soon as you feel comfortable but you should wait three months before resuming front crawl.

Golf can begin at six weeks.

For guidance on return to driving, DIY and sports you should speak with your surgeon or physiotherapist

What is the prognosis?

The time taken to recover can depend on the amount of damage to your rotator cuff tendon.

Three months after your surgery your symptoms should be approximately 80% better and you will continue to improve for a year following the procedure.