

Dr. John Babb

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SUBACROMIAL DECOMPRESSION PROTOCOL (with or without Mumford)

Day 1-27 (1-3 Visits/week)

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing, or open wounds without being covered first with a bandage.
- If any wounds are oozing, delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- **Immobilization**: Wean out of sling at 3 days post-op.
- **ROM**:
 - o Full ROM in all planes by week 4
 - o Pendulum, Table slide, Pulleys and other ex may be used as needed to increase ROM
- Strengthening:
 - o Submaximal isometrics after week 1 (progress as tolerated).
 - o AAROM and PRE's after week 1 pending tolerance.
 - o Rotator cuff and scapular control
 - No resisted shoulder elevations

Day 28 - 8 Weeks Post-op (1-3 Visits/week)

- **ROM**: Full ROM in all planes
- Strengthening:
 - o Proprioceptive training
 - o Progress PRE's to maximize scapular and rotator cuff strength
 - o Total arm strengthening
 - o Overhead activities and throwing program when desired strength achieved

8 Weeks Post-op (1-3 Visits/week)

• Strengthening:

- o Emphasize progression of PRE's and Total Arm strengthening
- o Overhead activities and throwing program according to strength

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.