



PATIENT INFORMATION

# ADVICE & EXERCISES FOLLOWING SUBACROMIAL DECOMPRESSION



## INTRODUCTION

This advice and exercise sheet has been produced by Senior Physiotherapists working within Worcestershire Acute Hospital NHS Trust.

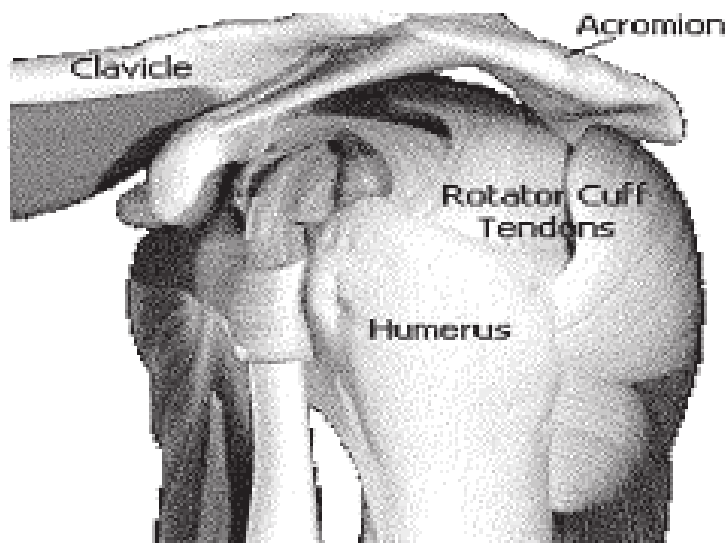
### About the procedure

The rotator cuff is a group of tendons that connect 4 muscles of the upper shoulder to the bone. They help lift and rotate the humerus and stabilise the shoulder joint.

If the rotator cuff becomes inflamed or some bone deformity exists in the bony ridge known as the acromion, the rotator cuff and acromion can rub against each other, this is called shoulder impingement. On shoulder movements, the tendons and bursa can be rubbed and this causes pain and inflammation. The bursa is a pad that stops tendons rubbing on the bones.

The operation aims to increase the size of the subacromial area and reduce the pressure on the muscle. It involves cutting the ligament, removing the bursa and trimming off the under surface of the acromion bone. This allows the tendon to move more easily and helps reduce rubbing, swelling and pain.

This is usually performed through keyhole surgery (arthroscopy).



## DRESSINGS

When you come back from theatre, you will have a dressing over your shoulder.

Under the dressing there will be coverings over the wounds.

## GENERAL ADVICE, RISKS and BENEFITS

You will be given appropriate pain killers and you should take these as directed to allow you to be comfortable enough to do your exercises.

You may be given a sick note for work. The length of time you are off work will depend upon your job. If you require further sick notes, then you should see your own GP.

You are advised to do the exercises in this booklet 4 times each day; otherwise your shoulder may become stiff. If you get increased pain after doing the exercises stop, ring the physiotherapy department for advice.

## EXERCISES

There is no limitation on movement after your operation. **You should move your arm as pain allows:**

Stand leaning on a table with one hand.

Let your affected arm hang relaxed straight down.

Swing your arm forwards and backwards.

Repeat . . . . . times.

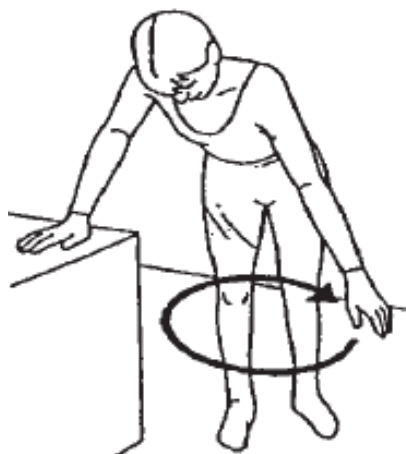


Stand leaning on a table with one hand.

Let your affected arm hang relaxed straight down.

Swing your arm as if drawing a circle on the floor. Change direction.

Repeat . . . . . times.



Stand leaning on a table with one hand.

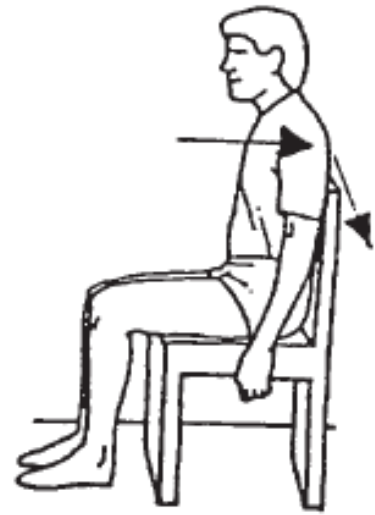
Let your affected arm hang relaxed straight down. Swing your arm to your left and then to your right.

Repeat . . . . . times



In sitting, bring your shoulder blade, back and down towards your opposite hip. This is a small movement, you should not brace your shoulders back hard. Hold for 5 seconds.

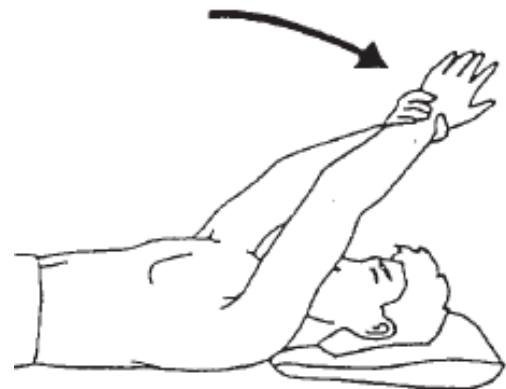
Repeat . . . . . times



Lie on your back with elbows straight.

Use your good arm to lift the affected arm up, keep it as close to the ear as possible.

Repeat . . . . . times



Sit or stand. Keep upper arms close to your side and elbows at right angles.

Turn forearms outwards.

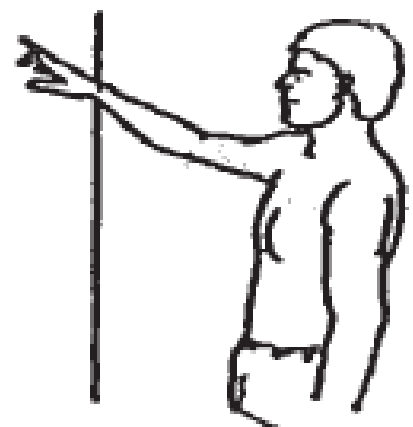
Repeat . . . . . times



Stand facing a wall. 'Walk' your fingers up the wall as high as possible as comfort allows.

Reverse down in the same way.

Repeat . . . . . times

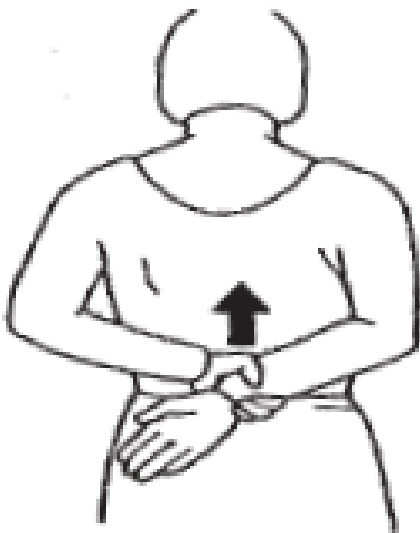




Stand or sit.

Slide your arm up the wall.

Repeat . . . . . times

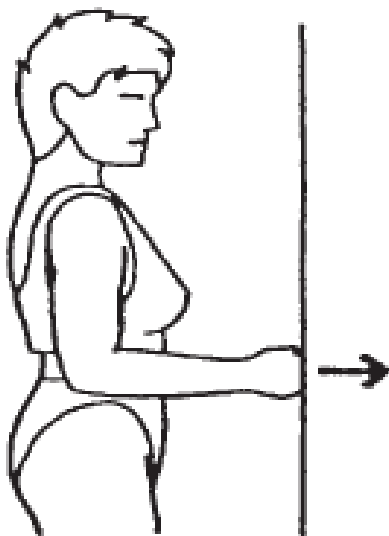


Stand with arms behind your back.

Grasp the wrist of the arm you want to exercise.

Slide your hands up the back.

Repeat . . . . . times

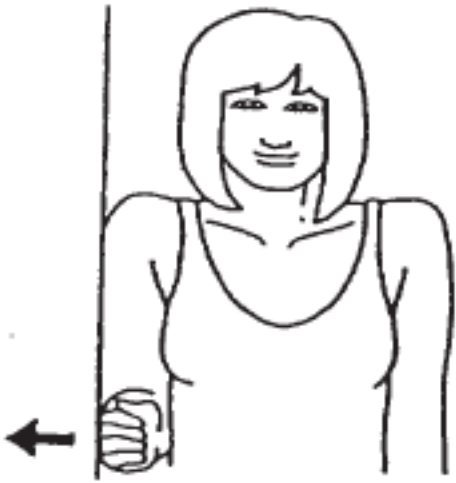


Stand facing a wall. Keep your upper arm close to the side with elbow at a right angle.

Push your fist against the wall.

Hold approximately . . . . . seconds.

Repeat . . . . . times



Stand sideways against a wall with your upper arm close to your side and elbow at a right angle.

Push the arm to the side against the wall.

Hold for approximately . . . . . seconds.

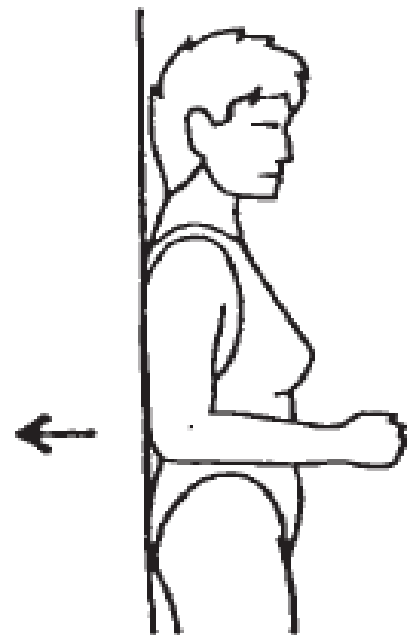
Repeat . . . . . times

Stand with your back against the wall. Keep your upper arm close to the side and elbow at a right angle.

Push the elbow back against the wall.

Hold for approximately. . . . . seconds.

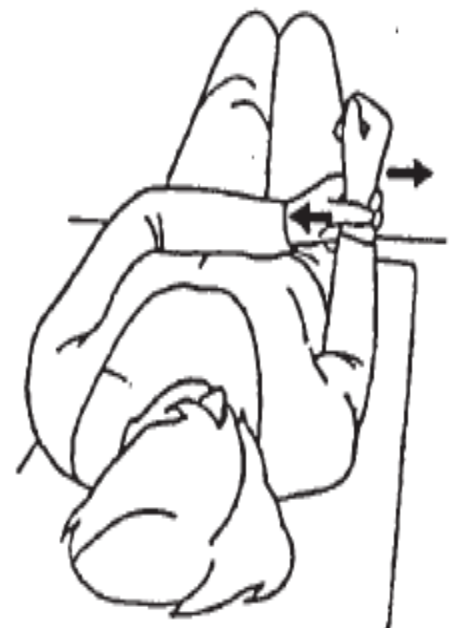
Repeat . . . . . times.



Lying on your back. Elbow bent at a right angle close to your body. Hold on to your wrist with the other hand.

Try to move your hand inwards while resisting any movement with your other hand. Hold for 5 seconds.

Repeat . . . . . times



## **RETURN TO FUNCTIONAL ACTIVITIES**

THESE ARE APPROXIMATE AND MAY DIFFER DEPENDING ON YOUR INDIVIDUAL ACHIEVEMENTS. HOWEVER THEY SHOULD BE SEEN AS THE EARLIEST THAT THESE ACTIVITIES MIGHT COMMENCE

Driving 1 week (if no longer using sling)

Returning to work - Sedentary	1 week
Medium-light lifting i.e. to shoulder level	4-6 weeks
Heavy lifting i.e. above shoulder level	3-4 months

Leisure - avoid sustained/repetitive overhead activities	3 months
Swimming      Breaststroke	as soon as comfortable
Crawl	3 months

Golf	6 weeks
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It is important to avoid repetitive or sustained overhead activities at or above shoulder height for 3 months.

Return to work is very much dependant on your occupation but if it involves overhead activities then they will need to modify their activities for 3-4 months.

### **QUERIES:**

If you have any queries or are unsure about any of the advice contained in this booklet  
OR

If you require further advice from a Chartered Physiotherapist

Please contact your local Physiotherapy Department between 8.30am - 4.30pm  
Monday to Friday on the direct dial numbers below:

#### **Worcestershire Royal Hospital**

Tel: 01905 760622 / 760187

#### **Alexandra Hospital, Redditch**

Tel: 01527 512114

#### **Kidderminster Hospital**

Tel: 01562 513066

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

## **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

## **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

## **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

## **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)**

## **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.