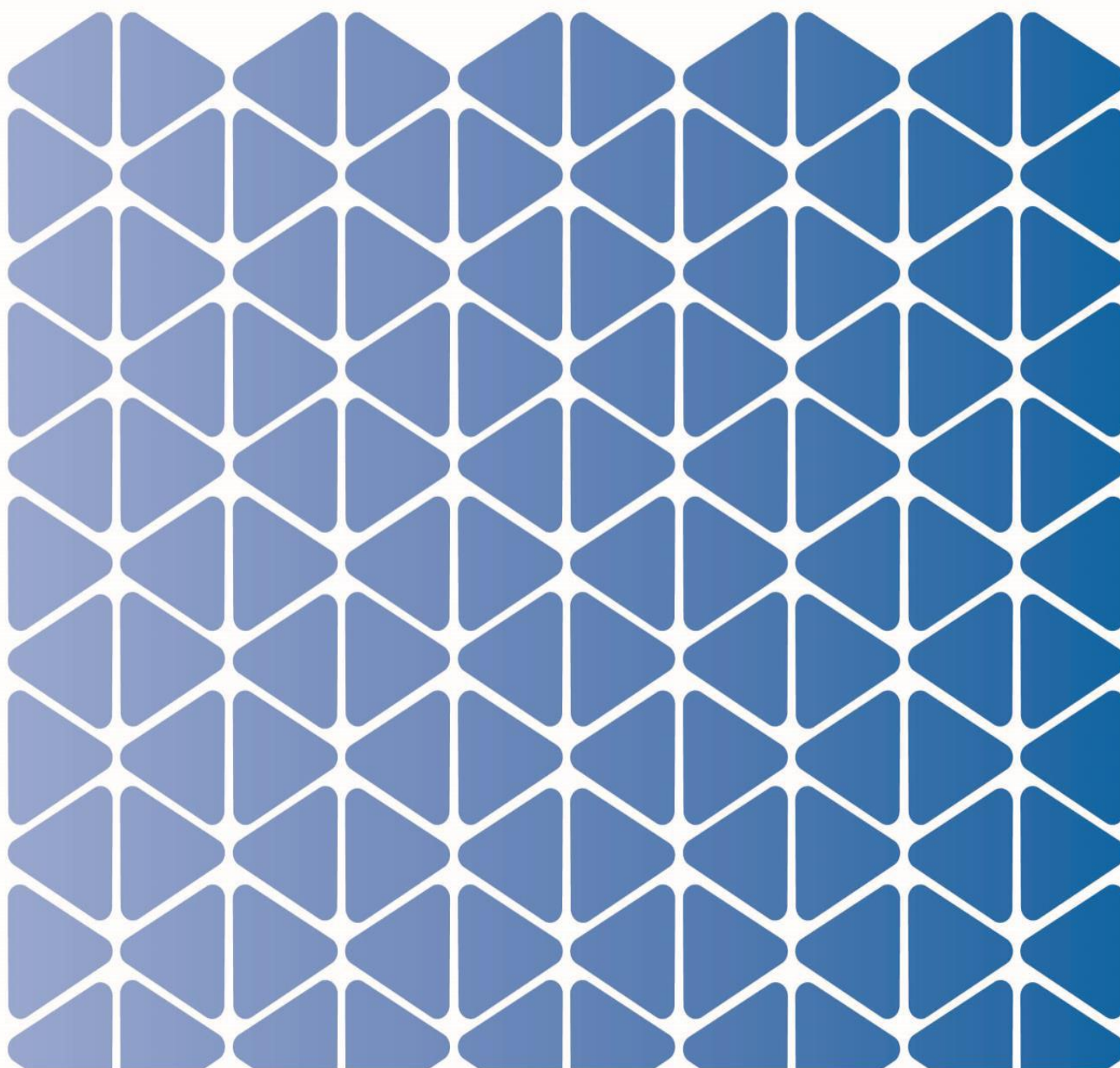


ADVICE & EXERCISES FOLLOWING SUBACROMIAL DECOMPRESSION

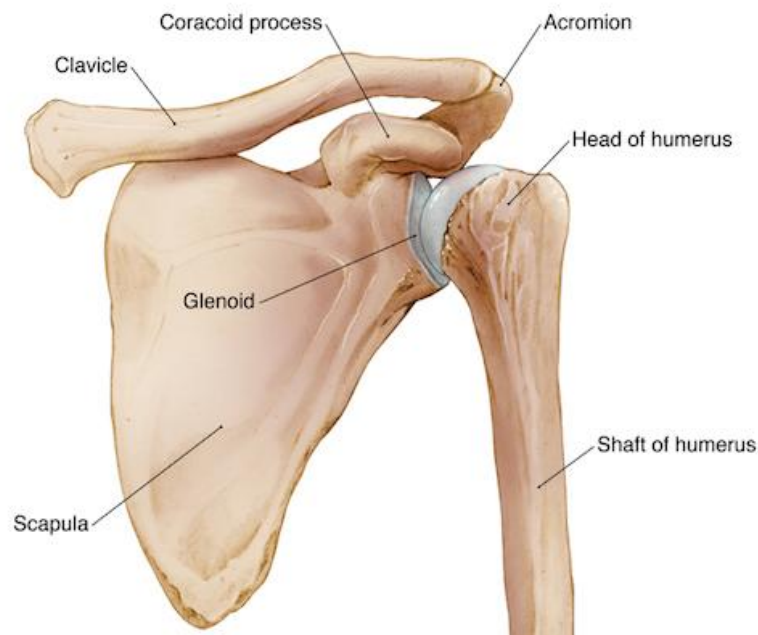


THE PURPOSE OF THIS LEAFLET IS TO:

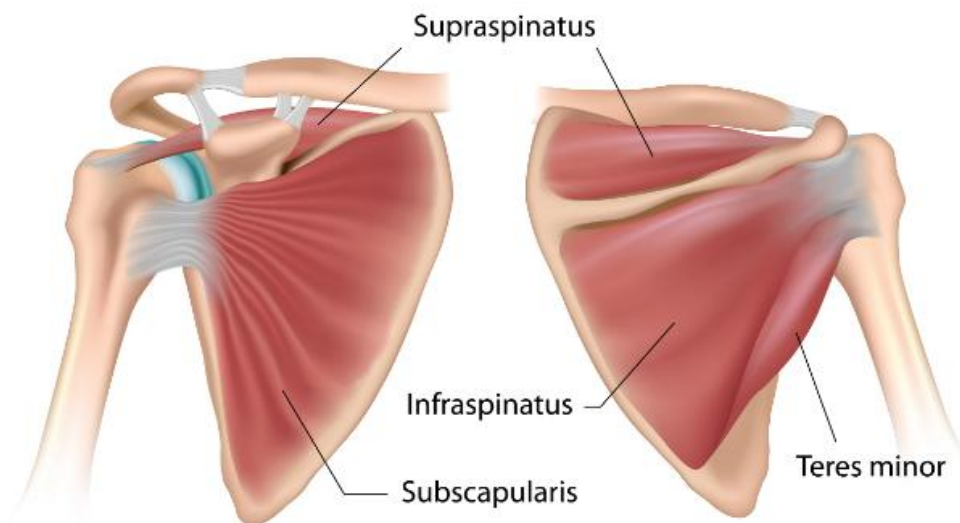
- Describe the relevant anatomy of the shoulder;
- Explain the reasons why you may need subacromial decompression surgery;
- Describe what you should expect after the surgery; and
- Advise you on suitable exercises you can begin after the surgery as part of your ongoing rehabilitation.

THE SHOULDER GIRDLE ANATOMY

The shoulder girdle is made up of three bones; the scapula (shoulder blade), the humerus (upper arm bone) and the clavicle (collarbone).



MUSCLES OF THE ROTATOR CUFF



Anterior view (from the front)

Posterior view (looking from the back)

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

On your return to the ward following your surgery, your arm will be in a sling. This is just to support your arm while the nerve block wears off and should be removed as soon as comfortable in most cases. Your physiotherapist will advise you if this is not the case.

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.

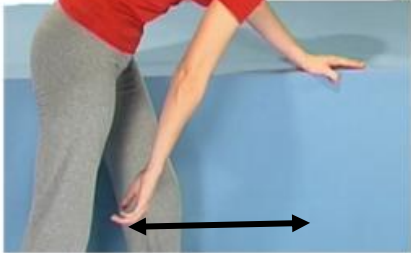
You are advised to do the exercises in this booklet 4 times each day; otherwise your shoulder may become stiff. If you get increased pain after doing the exercises stop and ring the physiotherapy department for advice.

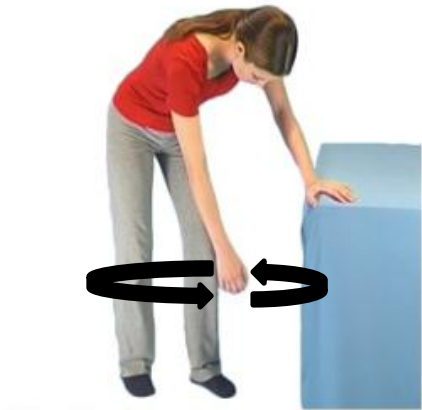
You may be given a sick note for work. The length of time you are off work will depend upon your job. If you require further sick notes, then you should see your own GP.

EXERCISES

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

Please complete the following exercises as marked off by your physiotherapist.

<input data-bbox="67 398 146 479" type="checkbox"/>		Pendular exercise – forwards and backwards Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm forwards and backwards. Repeat 20 times.
<input data-bbox="67 1012 146 1093" type="checkbox"/>		Pendular exercise – side to side Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm side to side, moving from out to the side, to in front of your body. Repeat 20 times.

<input data-bbox="68 141 146 224" type="checkbox"/>		Pendular exercise – circling Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Swing your arm as though drawing a circle on the floor. Repeat 20 times. Repeat in the opposite direction 20 times.
<input data-bbox="68 857 146 940" type="checkbox"/>		Scapular setting Sit in a chair. Slowly pull your shoulder blades back and down. Hold for 5 seconds, then relax. Repeat 5 times.
<input data-bbox="68 1417 146 1500" type="checkbox"/>		Assisted shoulder flexion in lying Lie on your back. Use your un-operated arm to lift your affected arm up over your head. Hold for approximately 10 seconds. Repeat 10 times.

<input data-bbox="68 141 146 224" type="checkbox"/>		External rotation of the shoulder Sit in a chair with your affected arm resting on a table. Keep your upper arm close to your side and your elbow at a right angle. Turn your forearm outwards, then return to the starting position. Repeat 10 times.
<input data-bbox="68 736 146 819" type="checkbox"/>		Single arm wall slide Stand facing a wall. 'Walk' or slide your fingers up the wall as high as possible and as your comfort allows. Return to the starting position the same way. Repeat 10 times.
<input data-bbox="68 1279 146 1361" type="checkbox"/>		Assisted shoulder abduction Stand and grip one end of a stick with your operated arm. Lift your operated arm out to the side; assist by pushing with the other hand. Hold for approximately 10 seconds. Repeat 10 times.

<input data-bbox="68 141 145 221" type="checkbox"/>		Assisted shoulder extension Stand holding a stick behind your back with your elbows straight. Lift the stick upwards away from your body. Hold for approximately 10 seconds. Repeat 10 times.
<input data-bbox="68 734 145 815" type="checkbox"/>		Assisted internal rotation Stand or sit. With one arm bring a string over your shoulder behind your back. Get hold of the string with the arm to be exercised. Pull upwards bringing the lower arm up as far as possible. Hold for approximately 10 seconds. Repeat 10 times.

RETURN TO FUNCTIONAL ACTIVITIES

Your Consultant will give you guidance on when you can return to work, activities and driving as this will vary depending on your individual circumstances. Your Physiotherapist will be able to give you guidance on returning to sporting and leisure activities as your movement and muscle strength improves.

You will also be referred to see a Physiotherapist as an out-patient at your local hospital after you have been discharged home to continue your rehabilitation and to regularly check your movement. It is very important that you attend this appointment to ensure the best possible outcome following your surgery.

It is important to avoid repetitive or sustained overhead activities at, or above shoulder height for 3 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

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

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.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

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