Physical Therapy Management of a Patient After a Subacromial Decompression with Acromioplasty and Bursectomy: A Case Report
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Background
- Subacromial impingement results from repetitive trauma to structures underneath the subacromial arch which can lead to:
  - A decrease in the subacromial space
  - Impingement of the soft tissue
  - A decrease in functional abilities
- Conservative treatment can include:
  - Physical therapy
  - Nonsteroidal anti-inflammatory drugs (NSAIDS)
  - Corticosteroid injections
  - Surgical option includes a subacromial decompression (SAD).
- There is conflicting evidence on the benefits of SAD without RTC repair or performing SAD with both an acromioplasty and bursectomy.

Case Description
- 52 year old female
- Initial onset of shoulder pain in 2013
- After one year of conservative therapy failed to improve her pain and function
- SAD with an acromioplasty and bursectomy were subsequently performed

Purpose
The purpose of this case report was to investigate the functional outcomes of a patient after SAD with an acromioplasty and bursectomy.

Examination

<table>
<thead>
<tr>
<th>System</th>
<th>Impairments</th>
<th>Functional Limitations</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular/Pulmonary</td>
<td>High blood pressure</td>
<td>Dependence or assistance for all ADL’s</td>
<td>Unable to work</td>
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<tr>
<td>Communication, Affect,</td>
<td></td>
<td>Difficulty sleeping</td>
<td></td>
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<tr>
<td>Cognition, &amp; Learning style</td>
<td></td>
<td>Unable to reach arm behind back</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td></td>
<td>Decreased activity tolerance</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>Incision scars on anterior, posterior and lateral left shoulder</td>
<td>Difficulty with bed mobility</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Bilaterally decreased upper extremity ROM and strength</td>
<td>Difficulty with functional mobility and activities</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td>Decreased cervical ROM</td>
<td></td>
</tr>
</tbody>
</table>

Exam Findings
- Range of Motion: Left shoulder decreased by roughly 75% & cervical ROM decreased by 50%
- Strength: 2-/5 for left shoulder MMT
- ASES: 9.99
- Pain: 9/10

Interventions
SA was seen over 15 treatment sessions for 30 minutes each, 2 times per week. The primary focus was to reduce pain, improve ROM and strength, and improve functional ability.

Interventions included:
- Therapeutic exercises
- Stretching with PROM and AAROM
- Strength training
- Functional activities/mobility
- Modalities for pain management
- Manual therapy
- Body/posture re-education
- Joint mobilizations
- Soft tissue mobilization
- Home exercise program

Outcomes
Improvements were observed in left shoulder AROM and PROM, strength, pain, and functional outcomes.
- Compared to the right, left shoulder ROM was full, with exception of abduction and external rotation
- L shoulder strength was at least a 4/5 for all MMT
- Pain improved to 2/10
- ASES score improved from 9.99 to 34.99

Discussion
The outcomes of this case report indicated that SAD with acromioplasty and bursectomy was successful for a patient with subacromial impingement without RTC involvement. More research is needed to support the advantages of this procedure combined with physical therapy in improving functional outcomes.

Acknowledgements
Kirsten Buchanan, PhD, PT, ATC for assistance with the case report conceptualization and Amanda McCabe, DPT and Steven Konicki, PT for assistance and guidance developing a plan of care.