

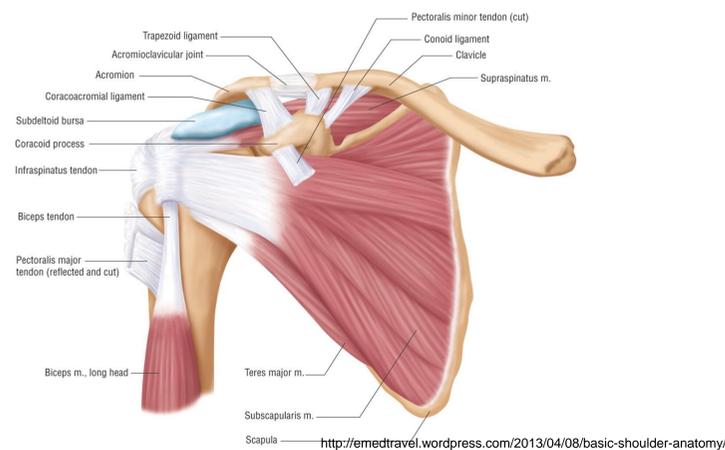
Physical Therapy Management of a Patient After a Subacromial Decompression with Acromioplasty and Bursectomy: A Case Report

Brianne Landholt

University of New England, Portland, ME

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 surgery. Literature is lacking supportive evidence of SAD without RTC repair or performing SAD with both an acromioplasty and bursectomy.



Purpose

The purpose of this case report was to investigate the functional outcomes of a patient after SAD with an acromioplasty and bursectomy without RTC involvement.

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

Examination

Cardiovascular/Pulmonary System: Impaired

- High blood pressure, controlled with medication

Communication, Affect, Cognition, & Learning style: Not Impaired

Neuromuscular System: Not Impaired

Integumentary System: Impaired

- Incision scars on anterior, posterior and lateral left shoulder
- No signs of infection

Musculoskeletal System: Impaired

- Bilaterally decreased upper extremity ROM and strength
- Decreased cervical ROM

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

Impairments	Functional Limitations	Disabilities
<ul style="list-style-type: none"> • Decreased cervical ROM • Decreased L shoulder ROM • Decreased L upper extremity strength • Pain, tenderness, sensitivity • Posture • Decreased flexibility • Increased muscle tone 	<ul style="list-style-type: none"> • Dependence or assistance for all ADL's • Difficulty sleeping • Unable to reach arm behind back • Decreased activity tolerance • Difficulty with bed mobility • Difficulty with functional mobility and activities 	<ul style="list-style-type: none"> • Unable to work

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.

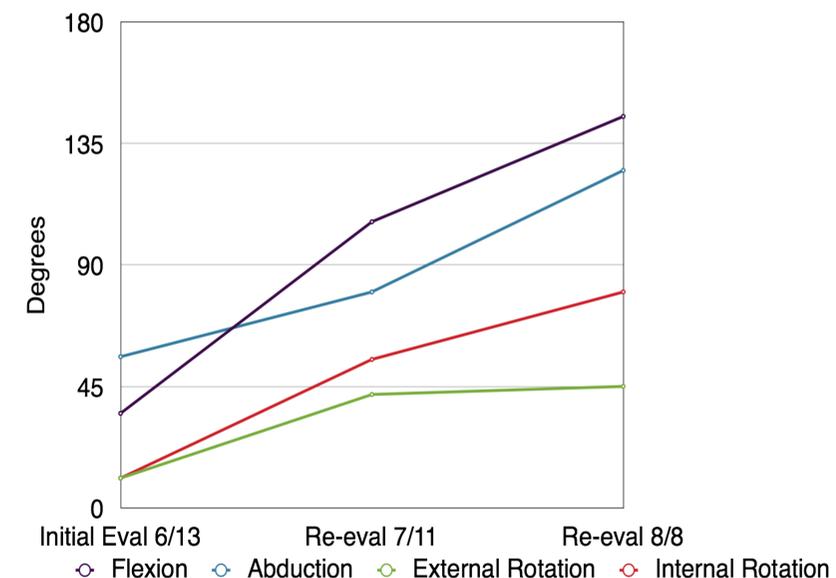
Interventions included:

- 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.

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