## **Bursal Acromial Reconstruction (BAR) Procedure**

## Indications:

• Cuff arthropathy in patients >75 years of age who does not wish to undergo shoulder arthroplasty

## Protocol:

- Pre-operative rehabilitation is advisable

Post-op*		Rehab Goals
Post-op* Day 1 – 3 weeks	<ul> <li>Teach axillary hygiene</li> <li>Encourage cervical spine range of motion exercises</li> <li>Sling for UP TO 3 weeks (no more than 5 hours per day)</li> <li>Passive supported lateral rotation from day 1</li> <li>Start supported active lateral rotation from week 2</li> <li>Passive &amp; active assisted elevation up to 60 degrees</li> <li>Gentle isometrics all planes (approx. 20% MVC)</li> <li>Teach postural &amp; scapular awareness</li> <li>Core stability exercises as appropriate</li> <li>Proprioceptive exercises (minimal weight bearing/axial loading)</li> <li>Encourage contra-lateral arm and whole kinetic chain exercises as appropriate</li> <li>AVOID hand behind back &amp; shrugging movements</li> <li>DO NOT FORCE STRETCHES</li> <li>ensure all exercises are pain free &amp; monitor 24-hour VAS pain response</li> </ul>	<ul> <li>Rehab Goals</li> <li>To increase deltoid strength</li> <li>To avoid post-operative stiffness</li> <li>To maintaining graft integrity &amp; avoid excessive shearing forces</li> <li>To gently compress the graft to promote bone to graft healing</li> <li>To re-educate learned 'hitching' movement patterns &amp; promote activity in the humeral head depressors</li> <li>To maintain and improve strength &amp; function of the contra-lateral limb</li> <li>To optimise shoulder efficiency by promoting early integration of the kinetic</li> </ul>
3 – 6 weeks	<ul> <li>Ensure patient is fully weaned off sling</li> <li>Add resistance to supported active lateral rotation</li> <li>Passive &amp; active assisted elevation beyond 60 degrees (must be performed in uncompensated &amp; comfortable ranges)</li> <li>Start active unsupported open chain exercises without resistance (must be performed in uncompensated &amp; comfortable ranges)</li> <li>Initiate loading with the arm in neutral (e.g. Farmers walks, Suitcase walks etc)</li> <li>Progress isometric deltoid exercises to approx. 50% MVC and at varying uncompensated ranges</li> </ul>	<ul> <li>chain</li> <li>As above plus</li> <li>To increase confidence whilst using the arm under load</li> <li>To gradually increase pain free uncompensated active range of motion, including taking the hand behind the back</li> <li>To ensure &gt;70% preoperative range into lateral rotation</li> </ul>

	<ul> <li>DO NOT FORCE PASSIVE STRETCHES</li> <li>ensure all exercises are pain free &amp; monitor 24- hour VAS pain response</li> <li>Start gentle hand behind back movements in contra-lateral side lying as pain allows</li> </ul>	
6 – 12 weeks	<ul> <li>Start specific capsular/posterior joint stretching as able</li> <li>Add resistance to open chain exercises all planes (only for uncompensated ranges)</li> <li>Commence structured deltoid programme</li> <li>Promote lower and middle trapezius exercise</li> </ul>	<ul> <li>As above</li> <li>To promote strength in the scapula retractors and downward rotators</li> </ul>
	<ul> <li>Promote lower and initiale trapezius exercise</li> <li>regimes</li> <li>Increase proprioception through open and closed chain exercises</li> <li>Progress core stability training</li> </ul>	To regain functional range of motion, control and strength

\*No longitudinal studies exist for this new procedure therefore this rehabilitation pathway has been informed using carefully applied clinical reasoning, knowledge of the procedure performed and observations of post-operative outcomes in this early patient cohort.