SLAP Repair Therapy Protocol

DR. EASTWOOD

PREOPERATIVE PHASE I:
(Optional)

CLINICAL GOALS

- Restore full AROM and PROM
- Restore full strength
- Decrease the patient's apprehension
- Restore pain-free, functional ADLs
- Ensure understanding of postoperative rehabilitation and refer to surgeon's clinic for further surgical questions or concerns

TESTING

- Bilateral ROM
- Assess functional ability and apprehension

EXERCISES

- Codman's
- Wand exercises
- TheraBand® tubing and/or dumbbell exercises for rotator cuff strengthening
- Modified weight lifting as tolerated

POSTOPERATIVE PHASE II:
(0-4 Weeks)

CLINICAL GOALS

- Pain-free, restricted ADLs in an immobilizer 24/7

TESTING

- Measure ROM

EXERCISES

- The patient's shoulder will be protected to allow healing of the capsule. This protection is achieved by using a shoulder immobilizer during the day and during sleep. Patients are allowed waist-level and hand-to-face activities (e.g., eating, writing, bathing, keyboarding) as tolerated
- Patient will return to see the physician at 10-14 days to have stitches removed
- The cryo unit or gel ice packs should be used during this phase to control pain and swelling

CLINICAL FOLLOW-UP

- Patient will return to see both physician and therapist at 4 weeks postoperative

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

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POSTOPERATIVE PHASE III:
(4 Weeks-2 Months)

CLINICAL GOALS

- AROM and PROM equal to 90% of noninvolved shoulder with good scapular control at 2 months
- Pain-free functional ADLs
- Begin light strengthening

TESTING

- Measure AROM and PROM
- Assess function

EXERCISES

- The patient will discontinue using the immobilizer after the surgeon releases them. Normal use of the involved extremity for ADLs is encouraged within reason (no overhead or heavy lifting, repetitive activities or fast-jerking motions).
- It should be strongly encouraged that the patient's main focus in this phase of rehabilitation is to restore ROM slowly and incrementally and that strengthening is secondary
- ROM exercises:
  - PROM (depending on patient discomfort and initial ROM)
  - Active assistive ROM using wand
  - Gravity-assisted pendulum exercises
  - Active shoulder flexibility exercises
- ROM exercises for the shoulder in the 90˚-90˚ position is contraindicated until 8 weeks postoperative
- Patient should begin progressive resistance exercises as tolerated, including the following:
  - TheraBand® exercises; grade of tubing will vary according to the patient's strength and tolerance. The exercise planes will include first internal/external rotation with the elbow tucked at the patient's side then progress to flexion/extension and abduction/adduction to 90˚.
  - Dumbbell exercises for the rotator cuff are implemented. Standing flexion and abduction exercises, scaption with internal rotation, side-lying external rotation and Hughston exercises are performed as tolerated.
- Emphasis must be made on proper scapular stabilization and control. Accurate assessment of the scapular stabilizing musculature strength and flexibility is critical to proper shoulder function.
- Isokinetic exercises are discouraged by our physicians at this time
- The patient may begin light-impact activities (e.g., jogging, easy agilities) toward the end of this phase

CLINICAL FOLLOW-UP

- The patient will follow up weekly with the therapist for home exercise program updates during this time
  - The patient should have 90% AROM and PROM (equal to noninvolved side) with good scapular control
  - Adequate strength to perform pain-free ADLs and noncontact/nonthrowing activities
  - Some controlled, modified weight lifting may also begin toward the end of this phase

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POSTOPERATIVE PHASE IV:
(2-3 Months)

CLINICAL GOALS

- AROM and PROM equal to noninvolved shoulder with scapular control at 3 months
- Return to near-normal strength
- Minimal tenderness and apprehension

TESTING

- Measure AROM and PROM
- Assess functional ability (sport-specific) ability

EXERCISES

- This phase is a transition period in which the patient finalizes his or her ROM and increases progressive resistance exercises. However, strength progression is delayed if the patient does not show signs of attaining their goal of full ROM by the end of Phase IV.
- General upper extremity flexibility and stretching exercises to address the patient's ROM deficits are continued with increased intensity. The patient may now begin stretching in the 90˚-90˚ position.
- TheraBand® tubing and/or weight-lifting exercises are performed for entire shoulder girdle strengthening and stabilization
- The patient is cautiously progressed back into a modified weight-lifting routine for upper body

CLINICAL FOLLOW-UP

- The patient will follow up as needed per the discretion of the therapist for home exercise program updates during this time
  - The patient should have full AROM and PROM (equal to noninvolved side) with good scapular control
  - The patient should have minimal tenderness, discomfort and apprehension in the 90˚-90˚ position
  - The patient should demonstrate near-normal strength, sufficient to begin return to full weight lifting, restricted sports and/or job-related activities

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POSTOPERATIVE PHASE V:
(3-4 Months)

CLINICAL GOALS

- Equal bilateral AROM and PROM
- Equal bilateral strength

TESTING

- Measure AROM and PROM
- Test strength using Cybex isokinetic dynamometer
- Assess functional (sport-specific) ability

EXERCISES

- The patient will continue with a more aggressive shoulder-stretching program as indicated. This may include self-stretching or partner stretching to address specific ROM deficits.
- The patient will increase the resistive strengthening program to include heavier weight with any and all lifts as tolerated
- Highly sport-specific, functional, high-speed, overhead strengthening may begin toward the end of this phase according to the patient's athletic/occupational demands
- Generally it takes 3-4 months for return to full activity
- A throwing progression for dominant arm athletes WILL NOT BEGIN prior to 4 months postoperative. This timeframe is highly unpredictable and will vary greatly between each individual patient.
- Bracing may be used for return to contact or collision sports up to 6 months postoperative

CLINICAL FOLLOW-UP

- The patient will follow up monthly or as needed between 4 and 6 months postoperative
- The patient will return at 6 months postoperation for the final time to see the physician and the therapist. A Cybex strength evaluation will be performed at this time as well as at 1 year postoperative.

DISCLAIMER: These general rehabilitation guidelines are created by a physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes only. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists. The University of Kentucky and the American Society of Shoulder and Elbow Therapists take no responsibility nor assume any liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.

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