Rehabilitation Protocol

SLAP Lesion Repair

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Post-op appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

PHASE I (WEEKS 0-4)

Appointments:

- Home exercises start at 1 week
- Start Physical Therapy 1-2 sessions weekly at 4 weeks

Immobilization:

- Immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT. Patient should remain in brace for 4 weeks.

Rehabilitation Goals:

- Protect post-surgical shoulder
- Activate stabilizing muscles of scapula
- Gentle passive ROM for external rotation and forward flexion

Precautions:

- No more than 1-2lbs with elbow at side
- Elbow should stay at side for all post-operative exercises
- Limit external rotation to 45 degrees in neutral for first 4 weeks
- Avoid abduction and external rotation for 6 weeks
- No long head biceps tension for 6 weeks to protect repaired tissue. Avoid long lever arm shoulder flexion as well as resisted supination and elbow flexion.

Therapeutic Exercise:

- Gentle passive ROM in all cardinal planes for first 4 weeks

Cardiovascular Fitness:

- Stationary Bike

- Walking
- Avoid cardiovascular exercise with running/jumping due to distractive forces during landing.

PHASE II (WEEKS 5-8)

Appointments:

- rehabilitation appointments are 1-2 times per week starting at 4 weeks

Immobilization:

- Discontinue use of immobilizer at 4 weeks, wean out of sling in a controlled environment

Rehabilitation Goals:

- Progress to full AROM in cardinal planes
- Full rotator cuff strength in neutral position

Precautions:

- Gradual initiation of biceps tension from weeks 6-8 to protect repair
- No passive ROM with combined abduction with external rotation and extension

Therapeutic Exercise:

- Active ROM for shoulder flexion in side lying to lessen biceps tension
- Active ROM for shoulder abduction in supine or prone to lessen biceps tension
- Active ROM for shoulder internal rotation- avoid internal rotation in Apley scratch position
- Progress from sub-maximal shoulder isometric strengthening to active strengthening and rotator cuff stabilization.
- Scapular stabilization

Cardiovascular Fitness:

- Walking, stationary bike, Stairmaster
- Can progress to running once rotator cuff is full strength and patient does not have discomfort.

Progression Criteria

- Full active ROM (0-60 degrees of abduction for external rotation)
- Negative apprehension and impingement signs
- 5/5 shoulder internal and external rotator strength at 0 degrees abduction

PHASE III (WEEKS 8-12)

Appointments:

- Rehabilitation appointments are once every week decreasing frequency to once every other week towards the end of phase III.

Rehabilitation Goals:

- Full shoulder AROM
- 5/5 rotator cuff strength in scapular plane
- Full peri-scapular strength

Precautions:

- All exercises should remain at low velocity
- Avoid activities with high risk of falling
- No contact sports, throwing sports, overhead sports.

Therapeutic Exercise:

- Start posterior glides (Grade I-II mobilization) and sleeper stretch if posterior capsular tightness is present
- Flexion in prone, horizontal abduction in prone, full can exercises, D1-D2 patterns in standing
- Light resistance cable column/dumbbell internal and external rotation in 90 degrees abduction
- Can begin rhythmic stabilization at 11-12 weeks
- Progress to dynamic strengthening 11-12 weeks

Cardiovascular Exercise:

- Walking, biking, Stairmaster.
- Begin jogging and progress to running towards the end of phase III
- Can start gentle return to swimming

Progression Criteria:

- Patient may progress to phase IV if they have met the above goals and are at least 12 weeks post surgery

PHASE IV (MONTHS 3-6)

Appointments:

- Rehabilitation once every 2-3 weeks

Rehabilitation Goals:

- Patient to demonstrate shoulder stability with dynamic, high velocity movements
- Full dynamic/functional rotator cuff strength and stabilization
- Full multi-plane AROM
- Patient to demonstrate gleno-humeral and scapula-thoracic stability with high velocity movements and changes in direction movements in a sport specific pattern. (swimming, throwing)
- No shoulder apprehension
- Adequate core and hip strength and mobility to eliminate any compensatory stresses to the shoulder
- Work capacity cardiovascular endurance for specific sport or work demands

Therapeutic Exercise:

- Begin sport specific progression that emphasize core and hip strength with functional and dynamic shoulder stabilization
- Examples: medicine ball exercises that incorporate trunk rotation and rotator cuff control. Cable column, dumbbell exercises with shoulder internal rotation and external rotation in 90 degrees abduction. Rapid alternating movements in supine D2 diagonal. Closed kinetic chain stabilization with narrow base of support
- Very initial throwing program progression. Should not begin full throwing until 4 months

Cardiovascular Fitness:

- Walking, biking, Stairmaster, Running
- Progress swimming, throwing, return to contact sports 4-5 months.

Progression Criteria:

- Patient may return to sport after receiving clearance from Dr. Norberg, Ryan Nelson, Physical Therapy, and Athletic Trainer.