



HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

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REHABILITATION GUIDELINES FOR SLAP LESION REPAIR

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

PHASE I (Surgery to 4-6 weeks)

APPOINTMENTS	Meet with the physician at 1 and 6 weeks post op Begin physical therapy within 7 days after surgery, continue 1-2x/week
REHAB GOALS	<ol style="list-style-type: none"> 1. Protection of the post-surgical shoulder 2. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints
PRECAUTIONS	<ol style="list-style-type: none"> 1. Sling immobilization required for soft tissue healing 2. Hypersensitivity in axillary nerve distribution is a common occurrence 3. No bicep tension for 6 weeks to protect repaired tissues – this includes avoiding long lever arm flexion ROM, resisted: supination, elbow flex or shoulder flex 4. Limit external rotation to 40 degrees in neutral for the first 4 weeks Avoid abduction + external rotation x 6 wks 5. No extension or horizontal extension past body for 4 weeks
ROM EXERCISES (Please do not exceed the ROM specified for each exercise and time period)	<ul style="list-style-type: none"> • Gentle A/AAROM for elbow and wrist • Pain free, gentle PROM for shoulder flexion, abduction, internal rotation and external rotation to neutral
SUGGESTED THERAPEUTIC EXERCISE	Begin week 3, sub-maximal shoulder isometrics for IR/ER, & abd/add Hand gripping Cervical spine and scapular AROM Desensitization techniques for axillary nerve distribution
CARDIOVASCULAR FITNESS	Walking, stationary bike - sling on. No treadmill (Avoid running and jumping due to the distractive forces that can occur at landing)

PHASE II (6 to 12 weeks)

APPOINTMENTS	Meet with the physician at 6 weeks post op Physical therapy 1x/ 1-2 weeks
REHAB GOALS	1. Full AROM 2. Full rotator cuff strength in a neutral position
PRECAUTIONS	1. Gradual initiation of bicep tension from weeks 6-8, to protect repaired tissues 2. No PROM for abduction and external rotation or extension
ROM EXERCISES (Please do not exceed the ROM specified for each exercise and time period)	<ul style="list-style-type: none"> • AROM for shoulder flexion in side lying to lessen bicep tension • AROM for shoulder abduction in supine or prone to lessen bicep tension • AROM internal rotation
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Scapular squeezes • Internal and external rotation in neutral with thera-band resistance to neutral – make sure patient is not supinating with ER movement • Ball squeezes
CARDIOVASCULAR FITNESS	Walking, stationary bike without using arms (No Airdyne). No treadmill, swimming or running

PHASE III (Begin at 10 weeks and continue until phase III goals are met ~ 16 weeks)

APPOINTMENTS	Meet with the physician at 12 weeks post op Physical therapy 1-2x/ week
PHASE III GOALS	1. Full AROM in all cardinal planes with normal scapulo-humeral movement 2. 5/5 rotator cuff strength at 90 degrees abduction in the scapular plane 3. 5/5 peri-scapular strength
PRECAUTIONS	1. All exercises and activities to remain non-provocative and low to medium velocity 2. Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm 3. No swimming, throwing or overhead sports
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Motion</u> Posterior glides if posterior capsule tightness is present</p> <p><u>Strength and Stabilization</u> Flexion in prone, hor abd in prone, full can ex, D1 and D2 diagonals in standing</p> <p>TB/cable column/ dumbbell (light resistance/high rep) IR/ER in 90 abduction and rowing</p> <p>Balance board in push-up position (with RS), prone swiss ball walk-outs, rapid alternating movements in supine D2 diagonal CKC stabilization with narrow base of support</p>
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria) NO SWIMMING

PROGRESSION CRITERIA	Patient may progress to Phase IV if they have met the above stated goals and have no apprehension, internal impingement or bicep signs
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PHASE IV (Begin when goals and criteria from phase III are met, ~16 wks)

APPOINTMENTS	Meet with the physician at 18 weeks post op Physical therapy 1x/3 weeks
PHASE IV GOALS	<ol style="list-style-type: none"> 1. Pt to demonstrate stability with higher velocity movements and change of direction movements 2. 5/5 rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane 3. Full multi-plane AROM
PRECAUTIONS	1. Progress gradually into provocative exercises by beginning with low velocity, known movement patterns
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Motion</u> Posterior glides if posterior capsule tightness is present</p> <p><u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises</p> <p>TB/cable column/ dumbbell IR/ER in 90 degrees abduction and rowing</p> <p>Higher velocity strengthening and control, such as the inertial, plyometrics, rapid theraband drills. Plyometrics should start with 2 hand below shoulder ht and progress to overhead, then back to below shoulder with one hand, progressing again to overhead</p> <p>Begin education in sport specific biomechanics with very initial program for throwing, swimming or overhead racquet sports</p>
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria) NO SWIMMING
PROGRESSION CRITERIA	Patient may progress to Phase V if they have met the above stated goals and have no apprehension or internal impingement signs

PHASE V (Begin when goals and criteria from phase IV are met, ~18 wks)

APPOINTMENTS	Meet with the physician at 24 weeks post-op Physical therapy 1x/ 2-3 weeks
PHASE V GOALS	<ol style="list-style-type: none"> 1. Pt to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc) 2. No apprehension or instability with high velocity overhead

	<p>movements</p> <ol style="list-style-type: none"> 3. Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder 4. Work capacity cardiovascular endurance for specific sport or work demands
PRECAUTIONS	<ol style="list-style-type: none"> 1. Progress gradually into sport specific movement patterns
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Motion</u> Posterior glides if posterior capsule tightness is present</p> <p><u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90degrees abduction and higher velocities. Begin working towards more sport specific activities</p> <p>Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport</p> <p>High velocity strengthening and dynamic control, such as the inertial, plyometrics, rapid theraband drills</p>
CARDIOVASCULAR FITNESS	Design to use sport specific energy systems
PROGRESSION CRITERIA	Patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer