SULIS HOSPITAL BATH

SLAP REPAIR REHABILITATION GUIDELINES

Protocol

SLAP REPAIR

INTRODUCTION

The socket of the shoulder joint is very shallow and is made deeper by a rim of cartilage called the labrum. This labrum sometimes tears or detaches. A SLAP lesion occurs when the Superior (top part) of the Labrum, tears in an Anterior to Posterior (front to back) direction. The words in red make up the acronym S.L.A.P. The biceps tendon alsoattaches to the labrum at the point at which it detaches in a SLAP tear.

The physiotherapy programme will need to be **individualised** for each patient, all exercises should be performedwithout pain. Some restrictions are placed on the use of the biceps for a while in order to prevent the repaired labrum from being pulled away from the socket before it has had the chance to heal. The details of specific restrictions will be in the post-operative instructions. If you have not received these please ring the consultant's secretary.

Emphasise to the patient the importance of protecting the repair to allow soft-tissue healing in the first two phases.The milestones may be used to assess whether you feel the patient is making good progress or not.

Shoulder rehabilitation is more than strength-training of the shoulder muscles alone. The (neuromuscular) rehabilitation addresses the whole shoulder girdle, upper extremity, core stability and training of the kinetic chain.

POST SURGERY

Phase 1 (1 – 21 days)

Goals:

- Maintain integrity of the repair
  - Sling at all times except while dressing/washing or doing exercises
  - Teach sling, dressing and personal hygiene techniques
- Management of pain, inflammation and muscle inhibition
  - Analgesics, NSAID's, ice, sling, passive movement and posture
- Teach shoulder girdle control/setting and relaxation
  - Retraction and depression
- Gradually increase shoulder active-assisted range of movement (AAROM) **as tolerated/not into pain/do notforce or stretch**
  - Pendulum, Cradled position with good scapular humeral rhythm (SHR)
- Gradually increase elbow passive range of movement (PROM) **as tolerated/not into pain/do not force or stretch**
- Hand, wrist and neck range of movement (ROM) exercises as required
- Advice on sleeping position
  - Wearing sling, if supine use a pillow beneath the elbow to prevent the shoulder resting in extension
- Prevent muscle atrophy
  - Sub-maximal, pain-free rotator cuff isometrics in neutral (<30% MVC) as tolerated
- Once stitches have been removed begin scar massage

Precautions:

- Sling usually for 4 weeks (check post-operative note)
- No combined shoulder abduction and external rotation
- No resisted biceps or lifting of objects
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep wounds clean and dry

Milestones at 3 weeks:

- Pain, inflammation and muscle inhibition well managed
- Return to pre-operative sleep patterns
- Good scapula setting
- PROM: elbow full, shoulder ER to neutral and Flexion 90°

Phase 2 (22 days – 6 weeks)

Goals:

- Allow healing of soft tissue – do not over-load healing tissue
- Continue to manage and reduce pain, inflammation and muscle inhibition
  - As phase 1
  - Alternate treatment strategies as appropriate e.g. soft tissue techniques, taping
- Gradually restore full, pre-op shoulder PROM **as tolerated/not into pain/do not force or stretch**
  - Avoid shoulder combined abduction and external rotation
- Introduce elbow AAROM **as tolerated/not into pain**
  - **Refer to post-op note for specific restrictions**
- Re-establish dynamic shoulder stability
  - Good SHR through PROM, progressing to AAROM then AROM

Precautions:

- No lifting of objects
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Usually wean out of the sling after 4 weeks (check post-operative note)

Milestones at 6 weeks:

- Pain, inflammation and muscle inhibition well managed
- Pre-operative PROM, except ER and Abduction
- Passive external rotation to 25% of pre-operative range
- Good SHR with PROM

Phase 3 (7 - 14 weeks)

Goals:

- Full PROM
  - Introduce multi-directional stretching into end of range **as tolerated/not into pain**
- Gradually restore pre-operative AAROM and then AROM with good SHR **as tolerated/not into pain**
- Gradually introduce and progress shoulder strengthening **as tolerated/not into pain**
  - Introduce cuff strengthening, progressing to maximal isometrics then to isotonic strengthening
  - Introduce scapular stabilisation exercises
  - Introduce proprioceptive exercises
  - Gradually progress to shoulder and upper limb strengthening **as long as the patient is able to elevate the arm without shoulder or scapular 'hitching'**
  - Gradually progress to dynamic and rhythmic stabilisation exercises
- Gradually introduce and progress biceps strengthening (monitor closely)
- Gradually progress lower limb and core strengthening as required
- Gradually return to light, non-repetitive functional activities
- Gradually introduce light, early-stage sport-specific exercises
- Return to driving (right 6 weeks, left 8 weeks)

Precautions:

- Avoid excessive loading of shoulder
  - No heavy lifting
  - No prolonged, repetitive upper limb activities

Milestones at 14 Weeks:

- Resolved pain, inflammation and muscle inhibition
- AROM with good SHR through elevation to 100% of pre-operative range
- Passive external rotation to 100% of pre-operative range

Phase 4 (3 – 6 Months)

Goals:

- Maintain full PROM
  - Continue multi-directional stretching into end of range **as tolerated/not into pain**
  - Capsular stretches (especially posterior capsule if tight)
- Full pre-operative AROM with good SHR **as tolerated/not into pain**
- Progress shoulder strengthening **as tolerated/not into pain**
  - Progress cuff strengthening and scapular stabilisation exercises
  - Progress proprioceptive exercises
  - Progress shoulder and upper limb strengthening ensuring good SHR
  - Progress dynamic and rhythmic stabilisation exercises
- Progress biceps strengthening
- Progress lower limb and core strengthening as required
- Gradually progress functional activities

- Gradually progress sport-specific exercises

Precautions:

- Avoid excessive loading of shoulder
  - No heavy lifting away from body
  - No prolonged, repetitive overhead activities

Milestones at 6 months:

- Full pain-free motion and rotator cuff strength restored

Phase 5 (6 – 9 Months)

Goals:

- As phase 4
- Gradual return to strenuous work activities as required
- Gradual return to contact sports as required

Sulis Specialist Orthopaedic Shoulder Team

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