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REHABILITATION PROTOCOL FOR SHOULDER STABILIZATION & SLAP REPAIRS

Physiotherapy Guidelines

The following is intended to guide the patient through the postoperative rehabilitation process. Each patient may still require individual modification of their program depending on the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength. Please use this as a prescription for Physiotherapy.

Patient Name: _____ **Date:** _____

Date of Surgery: _____

Surgeon: French / LeBlanc / Sabo _____

Pre-Op Instability Pattern: _____

ARTHROSCOPIC **OPEN** **LATARJET**

Type of Stabilization:

ANTERIOR **INFERIOR** **POSTERIOR** **SUPERIOR/SLAP**

IMMOBILIZATION/MOVEMENT RESTRICTIONS:

Wear Sling/Immobilizer	_____ weeks
Additional Restriction of Range of Motion Required?	☐ No ☐ Yes: See below for details.
Protection of Biceps Tendon Required?	☐ No ☐ Yes: No active contraction of biceps for 4-6 weeks, no strengthening of elbow flexion for 12 weeks

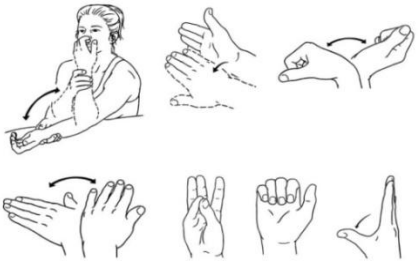
Movement Allowed:	**Duration:**
Ext Rot 0^o	**6 Weeks**
Int Rot _____	_____ **Weeks**
Flex/Ext _____	_____ **Weeks**

Precautions/Dosages

- If not otherwise stated, keep arm in immobilizer/sling for 6 weeks and perform exercises as outlined below.
- Do not lift/push/pull any objects or support body weight during bed transfers with your involved extremity
- Range of motion exercises should be performed 3 times per day when allowed
- Range of motion and strength exercises should be slowly increased in a manner that is neither forceful or painful
- Use ice x 20 minutes every 2 hours to help control pain and swelling

0 – 2 Weeks

Come out of immobilizer/sling for exercises only.



Elbow, Wrist, Hand: full active range of motion unless biceps tenodesis performed (passive elbow flexion only)

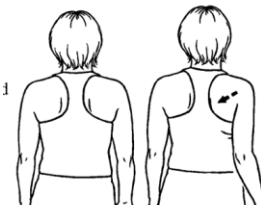
2 – 4 Weeks

Begin active-assisted shoulder range of motion as tolerated.

***Pendular Exercises*:** bent over, movement in pain-free range

Scapular Setting & Posture:

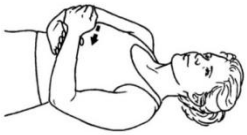
- Elevation
- Depression
- Protraction
- Retraction



Active-Assisted Shoulder Range of Motion in Supine: These are movements performed with the assistance of a stick or your non-operative arm as tolerated. **Do not force any of these movements.**

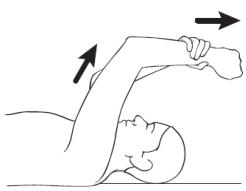
a) Supine Flexion: **Limit range of motion to 60-90˚**
   - Elbow supported on towel to avoid dropping into extension
   - Start with elbow flexed to shorten the lever arm
   - Patient can use arm cradle technique (1) but if experiencing any biceps compression keep arm in neutral (2)

1)



b) External Rotation: **Limit range of motion to 0˚**
   - Keep elbow tucked at your side

2)



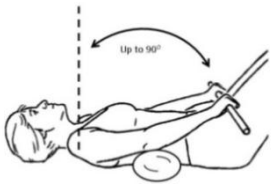
4 – 6 Weeks

Gradually progress active-assisted range of motion; never force these movements & always address impairments in scapular control. Complete exercises 3x/day, up to 20 reps, or as pain allows.

Active-Assisted Shoulder Range of Motion:

a) Supine Flexion: **Goal is 90˚ at 6 weeks**
   - May progress from arm cradle technique to using stick with straight elbow

a)

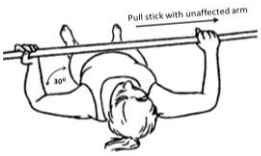


b)

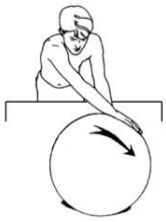
b) Supine/Sitting External Rotation: to 0° unless specified otherwise by surgeon.

c) Supine Internal Rotation: **Maximum 30^{o}** with arm in 30^{o} abduction
   - Refer to specific movement restrictions for posterior fixation

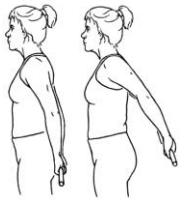
c)



d) Shoulder Extension in Standing



d)



Proprioceptive Exercises

- Start slowly with emphasis on scapular control
- Start below 60^{o} of flexion (i.e. ball roll on table top)

6 – 10 Weeks

Goal: full, pain-free active range of motion with scapular control by 10-12 weeks post-operatively. Always be mindful of post-operative movement restrictions.

Range of Motion Exercises:

- Gradually transition towards full active range of motion with emphasis on scapular control
  - Start in lower ranges of elevation without sustained holding.
  - Avoid aggravation of biceps pain.
  - Consider hydrotherapy in pool to improve shoulder range of motion if incision is adequately healed. Do not perform any swimming motions at this stage!
  - May introduce advanced stretching/range of motion exercises with longer duration holds (i.e. table slides & child's pose stretches) after 10-12 weeks

Table Slides

Child's Pose

Proprioceptive Shoulder Exercises

- Gradually progress into greater ranges of flexion as pain, scapular control, & shoulder AROM permit.
- Example: ball on wall

10 – 12+ Weeks

Gradually begin resisted strengthening exercises once range of motion goals are met & patient demonstrates good scapulohumeral & scapulothoracic control.

Strengthening

- All resisted exercises should be performed below shoulder height for the first 10 weeks
- Work within a pain-free range of motion to avoid compression of the rotator cuff
- Resistance should be applied with a light weight or Theraband (yellow or red/orange)
- Perform maximum 1x/day until it is clear there is no aggravation to the tendon or joint then may progress to 2x/day.
- First 12 weeks: gradually build endurance repetitions to be in the 1/2 kg - 1kg range

Examples of Early Phase Strengthening Exercises:

a) Prone Shoulder Extension
   - Start with elbow bent at neutral abduction & may progress towards 45^{o} abduction

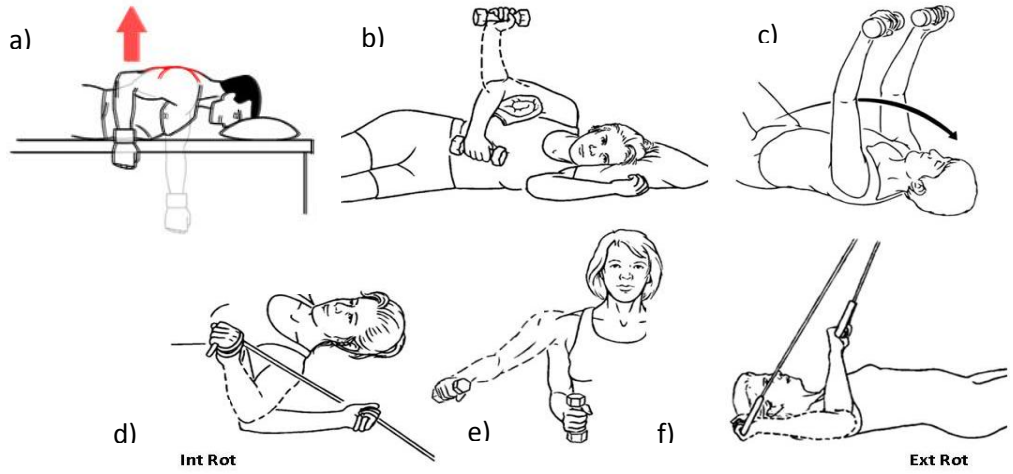
b) Resisted External Rotation (side-lying)
   - Start with elbow at your side, supported with towel.
   - Limit arc of motion initially to ensure good scapular control & avoid forcing movement

c) Resisted Shoulder Flexion (supine)
   - Start with movement below 90^{o} as tolerated

d) Resisted Internal Rotation (supine)
   - Start with elbow at side (neutral abduction)
   - Gradually progress towards greater ranges of abduction (i.e. 30^{o} & 45^{o})

e) Resisted Shoulder Abduction (sitting)
   - Limit range of motion from 0 - 45^{o} initially

f) Resisted External Rotation (supine):
   - Start with elbow at side (neutral)
   - Gradually progress towards greater ranges of abduction (i.e. 30^{o} & 45^{o})



14+ Weeks

Gradually progress strength with functional movement patterns & weight bearing positions. Early weight bearing drills may aggravate compression of the rotator cuff.

Principles of Progression:

- Strengthen further into range as pain and range of motion allow. Never load the tendon into end range if shoulder is stiff.
- Be mindful of tendon biology and patient requirements. Each patient has different functional requirements, tendon quality, and healing potential.

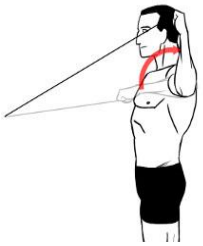
Progressive Strengthening & Stability Exercises: Complete 1x/day with focus on building endurance.

- Gradually progress all exercises into **functional positions** for sport and occupation.
- Start with push ups & planks on the wall; progress to knees provided good scapular stability.
- **Activities, such as yoga, are not recommended in the first 12 weeks** unless they are performed in a modified fashion to avoid stressing the end range of motion or weight bearing of the glenohumeral joint.

- **Always be mindful of patient's type of stabilization & any restrictions set by surgeon.**

Standing External (ER)& Internal Rotation (IR) Strength with theraband towards 90°.

Proceed with caution. Only progress to these positions if the cuff is strong in neutral, patient has adequate range of motion, and demonstrates good quality of movement with scapular control. Do not progress into end range of abduction & external rotation if there is any compression pain in the cuff (only do a partial arc of movement) or if specified otherwise by surgeon.



90° abduction & ER

90° abduction & IR

- **<u>Starting at 6 Months Onwards</u>:** may return to gym starting with low load hypertrophy drills. **Avoid any heavy weights**, especially in overhead positions; it is rare to exceed 4kg. Generally, it is **not recommended to perform incline bench press, dips, military press, or chin-ups**.
- Unless advised otherwise by surgeon or physiotherapist, patients are encouraged to **continue with stretches & strength work for 6-12 months post-operatively** in order to achieve realistic functional capacity.

Other Topics

<u>Driving:</u> **Minimum 6 weeks no driving. Patients should be discouraged from driving until they are weaned from any prescription medications and they are comfortable in active motion below shoulder height. Initial efforts to re-start driving should be performed in low risk settings (i.e. empty parking lot, residential side streets, etc.)**

<u>Return to Work:</u> **Patients should discuss this with their surgeon as each person has specific needs and will progress through the protocol differently.**

<u>Feedback/Concerns:</u> **If the patient is struggling to progress along the protocol, has an injury or there are other concerns, please do not hesitate to send a report or have the patient contact their surgeon.**