

## Arthroscopic Anterior Stabilization Rehab Protocol

*The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a SLAP repair. This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.*

Please Note: The given time frames are an approximate guide for progression.

### **\*NO UPPER BODY ERGOMETER AT ANY TIME\***

#### **Phase I: First 4 weeks of therapy (typically begins 6 weeks after surgery)**

- Wean out of sling at 6-8 weeks post-op. Most patients will be out of sling at start of therapy
- Patient education: posture, joint protection, positioning, hygiene
- No AROM. No aggressive stretching
- Gently progress PROM (full flexion and internal rotation as tolerated; 30 degrees external rotation at side)
- Once 90 degrees PROM in abduction achieved, may begin gentle stretching of external rotation in scapular plane to 30 degrees
- Continue cryotherapy and modalities as needed

**GOAL:** *Gently progress PROM*

#### **Phase II: Weeks 4-6 of therapy**

- Gently progress PROM (external rotation to 30-50 degrees at side; to 45 degrees in scapular plane)
- If pain-free PROM achieved, then begin gentle AROM of shoulder (starting with forward flexion)
  - Begin gentle stretching of the posterior capsular
  - Cross arm stretch
  - Internal rotation stretch in side-lying position
  - Mobilization of posterior-inferior glenohumeral joint
- Begin scapular strengthening exercises
- Continue cryotherapy and modalities as needed

**GOAL:** *Progress PROM in external rotation and start gentle AROM (if pain free PROM achieved). Avoid stressing anterior capsule*

#### **Phase III: Weeks 6-12 of therapy**

- Continue stretching and advancing PROM in external rotation (full ER at side; ER to 75 degrees in scapular plane before 8 weeks, progress to full PROM as tolerated after 8 weeks)
- Continue stretching and PROM in all planes as tolerated
- If pain-free PROM achieved, then gently progress AROM in all planes as tolerated
- Continue strengthening of scapular stabilizers

**GOAL:** *Continue to increase external rotation PROM; Achieve full pain-free AROM*

## **Phase IV: Beyond 12 weeks of therapy**

### **Weeks 12-16**

- No strengthening before 4 months.
- Do not initiate any interval sports programs prior to 4 months.
- Continue progressing stretching and ROM
- Continue light strengthening of scapular stabilizers, biceps, avoiding stress on the anterior capsule

**GOAL:** *Progress PROM, AROM, early strengthening; gradual return to ADLs*

### **Weeks 16-20**

- May initiate gentle upper body strengthening. Avoid stressing the anterior capsule (e.g. no military presses, always be able to visualize hands during strengthening exercises).
- Continue with stretching/ROM
- Gently progress strengthening (light weights, higher reps), slowly advance as tolerated
- May gradually initiate interval throwing and sports specific motions in athletes if cleared by surgeon
- No return to contact sports prior to 6 months.

**GOAL:** *Restoration of adequate ROM for desired activity, return to ADLs, pain free shoulder function without signs of instability*

**\*\*\*Expected Recovery Time is approximately 9-12 Months\*\*\***

**NOTE:** If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

Hayes K, Callanan M, Walton J, Paxinos A, Murrell GA. Shoulder Instability: Management and Rehabilitation. *Journal of Orthopaedic and Sports Physical Therapy*. 2002; 32(10): 497-509

Gaunt BW, Shaffer MS, Sauers EL, Michener LA, McCluskey GM, Thigpen CA. The American Society of Shoulder and Elbow Therapists' Consensus Rehabilitation Guideline for Arthroscopic Anterior Capsulolabral repair of the Shoulder. *Journal of Orthopaedic and Sports Physical Therapy*. 2010; 40(3): 155-168