University of Washington Shoulder and Elbow Service
General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

After SLAP (**S**uperior **L**abrum **A**nterior to **P**osterior) Repair – 840.7

Interventions:

in hospital or post-op day 1 or 2 if an outpatient:

Instruct in, and begin, self-assisted elevation and external rotation on post-op day 0. Also begin isometrics for shoulder external and internal rotators, as well as 3 parts of the deltoid.

Goals: the usual goals are 90^0 elevation and 0^0 external rotation (with arm at the side) X 2 weeks. Both of these are goals as well as limits. Patient should be in a sling when not exercising.

Instruct in, and begin, elbow range of motion, as tolerated, immediately. Because this patient population will generally be moving their shoulder less during their rehabilitation, it makes them more comfortable to keep their elbows moving.

Instruct in axillary hygiene to avoid rash/yeast infections.

Provide with written copy of home exercises to be done 5 times/day and precautions regarding keeping arm in sling and not using biceps – doing any lifting, for 6 weeks.

after discharge:

At 1 week, check patient's motion. If moving easily to the 90^0 and 0^0 targets, may be wise to stay at those levels and have the patient return a week later.

At 2 weeks, recheck motion. If seeming "stiff" check with surgeon regarding consideration of advancing motion sooner.

At 6 weeks, work on motion to achieve motion equivalent to that of her/his other shoulder. Evaluate for any interventions needed with regard to posture.

Start strengthening for scapular stabilizers.

Therapy goals (at initial therapy session):

90^0 assisted elevation to allow eventual active overhead reach

0^0 assisted external rotation to allow eventual progression to full function and prevention of secondary impairments

independence in home exercise program

understanding of precautions, especially passive motion

Follow-up plan:
Return to clinic to see surgeon at 2, 6, and 12 weeks post op.
Return to see therapist at 1, 2, 6 and 12 weeks post op.

Precautions/restrictions:

no pushing, pulling, or heavy lifting for at least 6 weeks and at that point a gradual resumption of those activities.
long term: when have achieved flexibility and strength equal to the opposite side, and it's been at least 3 months since surgery, then can gradually resume desired activities.

Usual visits to therapist occur at 1 week to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises. If the patient is seeming on the stiff side, consult with surgeon regarding a faster rate of progress for regaining motion. At 6 weeks to again monitor motion and instruct in new exercises (primarily strengthening), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions. Other visits would be scheduled if strength not equal to non-operated side. (The motion would have already been addressed in earlier therapy visits.)

Total number of physical therapy visits post-op: 5-8*
Duration: 6-20 weeks

*If not compliant with early motion and progressive motion plans, then may need additional therapy sessions to work on stiffness, but should be able to achieve goals through intensive home exercise program.