



ARTHROSCOPIC SLAP LESION REPAIR REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p style="text-align: center;">PHASE I EDUCATIONAL PHASE</p> <p style="text-align: center;">1-3 EXPECTED VISITS</p>	<p>Goal: -Discuss details encompassing anatomy, existing pathology, post-operative rehabilitation schedules, bracing protocols, and anticipated progressions in the aftermath of a surgical procedure constitutes a comprehensive and vital aspect of the overall healthcare process. Discuss the use of braces during the recovery period, detailing types, duration, and any adjustments based on the surgical procedure.</p> <p>ROM: -Have a discussion of Range of motion expectations through the rehabilitation progress - will be based on individual performance through every progression phase.</p> <p>Emphasize the necessity to always maintain the use of the sling until specifically instructed by the physician to discontinue.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Enhance Range of Motion (ROM) and strength before surgery. 2. Establish appropriate expectations for post-operative rehabilitation.
<p style="text-align: center;">PHASE II MAXIMUM PROTECTION PHASE</p> <p style="text-align: center;">0-2 WEEKS</p> <p style="text-align: center;">4-5 EXPECTED VISITS</p>	<p>Goal: -Consistently utilize the sling as instructed by the physician until advised to discontinue, typically around 4-6 weeks post-surgery.</p> <p>When sleeping, use an immobilizer, preferably in a reclined position for enhanced comfort, with pillow support provided to the posterior glenohumeral joint. <i>Avoid carrying or lifting objects, refrain from engaging in excessive stretching or sudden movements, and resist supporting body weight with the hands.</i> Additionally, maintain the cleanliness and dryness of incisions to promote optimal healing.</p> <p>ROM: -Engage in Active Range of Motion (AROM) for the wrist and hand. -Passive Range of Motion (PROM) should be performed by physician.</p> <p>Utilizing pain control modalities as indicated and avoid heat application until 1 week post-surgery.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Establish an environment conducive to the proper healing of the repair. 2. Implement measures to prevent post-operative complications. 3. Retard muscle atrophy. 4. Enhance Passive Range of Motion (PROM). 5. Alleviate pain and reduce inflammation.
<p style="text-align: center;">PHASE III MANAGED MOBILITY PHASE</p> <p style="text-align: center;">3-5 WEEKS</p> <p style="text-align: center;">6-9 EXPECTED VISITS</p>	<p>Goal: -Steer clear of lifting or carrying heavy objects to prevent unnecessary strain. Ensure continued elevation during sleep with the provided sling until comfort allows for lying flat. The sling should be consistently utilized until the physician indicates its discontinuation, typically occurring around the 4-6 week mark. As part of the precautionary measures, it is advisable to refrain from engaging in biceps strengthening exercises during this period.</p> <p>ROM: PASSIVE RANGE OF MOTION (PROM) -Maintain passive ROM activated as tolerable: - Flexion to 145 degrees. - Abduction to 90 degrees. - External Rotation (ER) 30-45 degrees in the scapular plane. - Internal Rotation (IR) 55-60 degrees in the scapular plane.</p> <p>ACTIVE ASSISTED RANGE OF MOTION (AROM) -Progress flexion/extension within the listed PROM. -Advance shoulder elevation/abduction as tolerated. -External Rotation (ER)/Internal Rotation (IR) can be progressed to 90 degrees of abduction by week 4.</p> <p>Utilizing pain control modalities as indicated and focus on maintaining pain-free scapula-thoracic joint mobility.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Mitigate the negative effects of immobilization. 2. Establish an environment conducive to proper healing for the repair. 3. Foster dynamic shoulder and scapular stability. 4. Alleviate pain and reduce inflammation.

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<p>PHASE IV MOBILITY & MUSCLE ACTIVATION PHASE 6-12 WEEKS</p> <p>10-13 EXPECTED VISITS</p>	<p>Goal: -Sustain your progress by maintaining consistency with the established exercise routine. Additionally, incorporate ice or heat therapy as necessary to alleviate any discomfort and support the ongoing rehabilitation process.</p> <p>ROM: PASSIVE RANGE OF MOTION (PROM) -Flexion to 180°. -External Rotation (ER) may be advanced as tolerated to 90 degrees (from scapular plane to 90 deg. abduction). -Internal Rotation (IR) equal to the opposite side (variations may exist in overhead athletes). ACTIVE ASSISTED RANGE OF MOTION (AROM) -Initiate AROM in week 6 without resistance to the shoulder. -Pay attention to proper scapula-thoracic control. -External Rotation (ER) may be progressed as tolerated.</p> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Anticipate full Passive Range of Motion (PROM) by week 10, targeting 90-100 degrees of External Rotation (ER) at 90 degrees of abduction. 2. Safeguard the integrity of the surgical repair. 3. Enhance functional activity while minimizing soft tissue irritation. 4. Reduce pain and inflammation.
<p>PHASE V ADVANCED STRENGTHENING & EXTENSION CONTROL PHASE 13-24 WEEKS</p> <p>14-18 EXPECTED VISITS</p>	<p>Goal: -Maintain the momentum by consistently incorporating the strengthening and mobility exercises from the previous phase into your routine. Place a heightened focus on the progression and adherence to the Home Exercise Program (HEP). Gradually advance your throwing motion, with particular attention to External Rotation (ER).</p> <p>-Introduce resisted sport activities to enhance resistance training and skill development. Additionally, seamlessly integrate progressive plyometric activities to further enhance your overall athletic performance and functional capabilities.</p> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Establish and sustain full shoulder Active Range of Motion (AROM). 2. Enhance muscular strength, power, and endurance. 3. Preserve shoulder mobility. 4. Gradually reintegrate into functional activities. 5. Ensure proper throwing mechanics with pre-throwing drills to mitigate the risk of re-injury.
<p>PHASE VI RETURN TO FULL ACTIVITY PHASE 6-9 MONTHS</p>	<p>ROM: -Achieving success in the <i>interval throwing program</i> up to 180 feet without experiencing pain marks a significant milestone. Following this accomplishment, it is advisable to consider a thorough assessment of throwing mechanics. This assessment should include evaluating the <i>External Rotation to Internal Rotation</i> (ER/IR) ratio, aiming for a ratio greater than 80%. This evaluation involves hand-held dynamometry at 90° abduction and in a neutral rotation position. Additionally, a crucial step in the progression is the <i>successful completion of the Return to Performance Program</i>, if available. This holistic approach ensures a comprehensive evaluation and preparation for a successful return to optimal athletic performance.</p> <p><i>*Contact healthcare provider if there is still pain with any of these movements</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Progress the interval throwing program to ready for a return to competitive throwing with proper throwing mechanics. 2. Develop an individualized maintenance program in preparation for discontinuation of formal rehabilitation.

