

## Arthroscopic SLAP/Labral Repair (Shoulder Instability/Dislocation) Rehabilitation Guidelines:

### Phase I (0-2 weeks postop)

- Reduce pain and inflammation by applying ice near continuously for the first 5 days and then as needed. Once the dressing is removed then keep a washcloth between the ice and your skin to protect the skin.
- No lifting. (Nothing more than a "pen or a teacup" in the operative arm until the strengthening phase is started.
- No weight-bearing or pushing off (e.g. To get out of bed) with the operative arm.
- At week 1, begin supine passive forward elevation in the plane of the scapula (using the nonoperative arm to hold the operative arm in support. The nonoperative arm does all the work, passively flexing the operated shoulder up in forward elevation and back down. Perform these 5 minutes 5x/day or 1 minute every hour while awake.
- Also Begin Supine Passive External rotation with the upper arm next to the side and using a cane or stick for this. The surgeon may restrict the amount of External Rotation allowed in degrees past neutral (forearm pointing straight ahead) depending on the intraoperative status and health of the Glenohumeral Ligament, Labrum and whether there was any glenoid (the socket of shoulder) bone loss from dislocations. Please see the pictures of these exercises in the Shoulder "EXERCISES" Section.
- 2 weeks after the sutures are removed, you could start scar massage with any moisturizer (CeraVe, Vaseline Intensive Care, Vitamin E ointment) as long as there is no drainage from the incisions and incisions look to be healing well.

### Phase 2: (Week 6 through Week 10)

- Continue to emphasize the PROM (supine passive range of motion) stretching routine but now add AROM (active range of motion) which means actively reaching above in the plane of the scapula (see EXERCISES section for pictures) with the upper arm away from the side for full Forward elevation and External Rotation.
- Can start Wall walks (sliding the hand up the wall while facing the wall, stretching, and then actively lifting hand away from the wall, if possible, when fully elevated. Can always use the wall or your other arm to support the operative arm while coming down.
- Can add the "Sleeper Stretch" (see Shoulder Exercise Sheet) to stretch out posterior capsular tightness. This will allow you to reach behind up the back better and remove any "impingement" from the front.
- Still maintain Non-Weight-bearing/No pushing off with the operative arm.

### Phase 3: (week 10 through 16)

- Continue all the above PROM supine stretching, AAROM (wall walks) and AROM exercises for the operative shoulder. (1 minute every hour while awake) and the sleeper stretch
- Add cuff and parascapular strengthening exercises (see Exercise Sheet) with therapy bands 4 days per week.
- At 12 weeks postop can start the Thrower's Ten Advanced Shoulder strengthening program. Could progress to using dumbbells (lying on your side) for the specific cuff and parascapular exercises but gauge the amount of weight so that you can perform 15 repetitions every time in a slow and controlled fashion without breaking a sweat.
- The exact timeframe may be adjusted at the surgeon's discretion.

#### Phase 4: (16 weeks postop and Onward)

- Continue the ROM (range of motion) exercises and strengthening program as in Phase III.
- For Baseball players and overhead athletes, an interval throwing program typically begins at Week 16.
- Flexibility, strengthening and plyometrics for neuromuscular control and a progressive interval sports program are all continued.
- For the recreational or competitive athlete, return-to-sport is individualized based on factors such as contact vs. noncontact sport and level of demand on the upper extremity. This may be anywhere from 4-9 months postop.
- Continue the ROM flexibility stretching 5 minutes 5X per day and the Strengthening program as in Phase 3 for at least the first year postop to maintain a healthy neuromuscular balance and control for the operative Shoulder and prevent reinjury. Core strengthening is added to this rehab regimen as an important part of the kinetic chain of Throwing.