



BANKART STABILIZATION | SLAP REPAIR

REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- functional shoulder brace to be worn immediately post-op and continued for first 4 weeks
- DO NOT attempt to pick up heavy objects with the hand of the operative side – may damage repair
- DO NOT elevate surgical arm above 70° in any plane for the first 4 weeks post-op

PHASE I (WEEK 0-2)

- stage 1 shoulder exercises – supported pendulums
- shoulder brace worn for comfort, removed for exercises
- supine passive ROM, pendulums in brace
- forward flexion to 70°, ER to neutral only, abduction to 45°
- 3 times daily elbow, hand and wrist ROM exercises to prevent stiffness
- cryotherapy for shoulder & modalities for inflammation as needed

PHASE 2 (WEEKS 2-6)

- stage 2 shoulder exercises – stretches/ROM + stage 1
- forward flexion & internal rotation to full
- ER to 30°
- strengthening – no biceps contraction allowed
- rotator cuff isometrics
- periscapular isotonic and core strengthening
- scapular stabilization exercises
- shoulder brace removed at end of 6 weeks
- cryotherapy for shoulder & modalities for inflammation as needed

PHASE 3 (WEEKS 6-16)

- stage 3 shoulder exercises – strength/ROM + stages 1 & 2
- AAROM progressed to full, gentle stretches in all planes
- gentle biceps contraction allowed, advanced scapular stabilization
- towel stretching, wand activities in all planes
- shoulder shrugs, retractions with resistance, prone exercises
- isokinetic ER/IR at neutral
- general labourers can usually return to work at 8-10 weeks



PHASE 4 (WEEKS 16-24)

- continue with ROM, strengthening, endurance and functional activities
- progress strengthening program with an increase in resistance & speed reps
- initiate press machine strength program, single arm plyotoss
- initiate interval sports programs: drills and functional activities
- interval throwing program weeks 16-24
- initiate plyometric program as appropriate for patient's functional goals
- functional progression, including but not limited to:
 - ▶ walk/job progression
 - ▶ throwing, running 1/2, 3/4, full speed
- NO CONTACT SPORTS FOR 6 MONTHS

SOURCES:

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- Park HB, Lin SK, Yokota A, McFarland EG. Return to play for rotator cuff injuries and superior labrum anterior posterior (SLAP) lesions. Clin Sports Med. Jul 2004;23(3):321-334, vii.
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