

SLAP (Superior Labral Anterior-Posterior) Repair Post Operative Rehabilitation Protocol

Prior to Surgery:

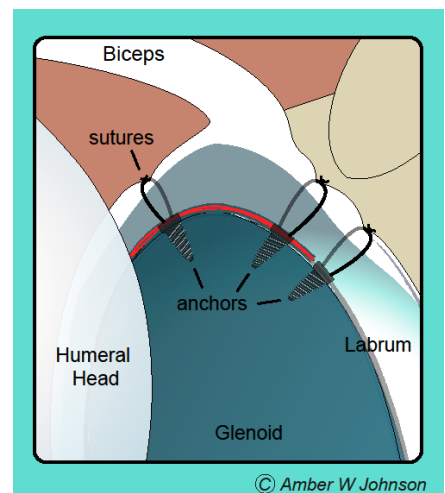
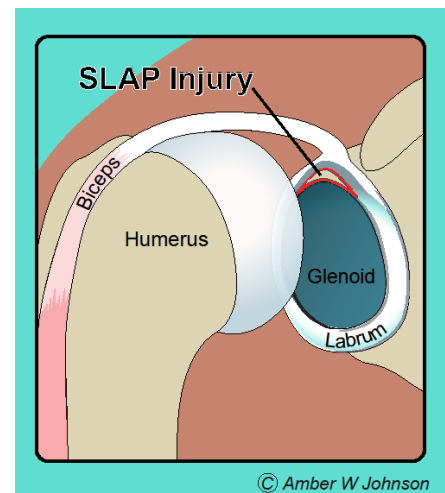
- Expect a call from your physical therapy facility to schedule a “Prehab” appointment for you. This appointment will encompass exercises that you may start after surgery, how to perform your activities of daily living, how to best remove and apply your sling, etc.
- Unless otherwise decided, expect a call from Rapid Recovery to fit you for your post-operative sling and to demonstrate and instruct you on how to use the cryocuff (ice machine).
- At the surgical center, the anesthesiologist will discuss the option of a nerve block to numb your shoulder and arm for your surgery, often using an indwelling nerve block or pain ball.

Following Surgery:

- Expect a surgical bulky dressing for 10 days and an arm sling to be worn for 8 weeks.
- Use cryocuff or ice shoulder 3-5 times per day for 15 minute intervals until your next clinic visit.
- Maintain upright shoulder positioning at all times.
- Begin gentle pendulums same day.
- Shower with a plastic bag covering the area and seal with tape.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.

Precautions:

- Watch for signs of infection and call immediately if these signs develop:
 - Fever higher than 100°F, shortness of breath, or feel very sick.
 - Warmth, redness, and/or increased drainage coming from your incision site.
- Watch for signs of blood clots and go to the ER immediately if these signs develop:
 - Excessive increase in swelling, hardness, pain, or redness in forearm or calf.
- Do not elevate surgical arm above 70° for the first 4 weeks.
- Wear sling immobilizer **at all times** except when showering and when doing therapy exercises for 6 weeks.
- **Do not lift any objects > coffee mug for at least 8 weeks post op.**
- Avoid excessive reaching and external/internal rotation until 8 weeks post op.
- Avoid activation of biceps until 8 weeks post-op.
- No external rotation of shoulder in 90° abducted position due to ‘peel-back’ mechanism.



Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

10-14 Days Post Op (at therapy):

- Sutures will be removed.
- Begin gentle passive Range of Motion (ROM) to shoulder in protected range: flexion to 90°, abduction to 90°, external rotation to 0°.
- Perform exercises 3-5 times per day:
 - Passive external rotation while arm at side (adduction) to neutral only.
 - Active ROM and passive ROM for elbow flexion/extension. (Use opposite arm to assist.)
 - Active scapular motions – elevation, depression, and retraction.
- Continue to use sling as instructed (usually about 8 weeks if repair of labrum).
- Add supine passive-assisted shoulder flexion.

4 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Continue above exercises, but gently progress passive flexion toward 140° and external rotation to 30° (at side only).
- Initiate gentle active elbow flexion/extension out of sling.
- Begin sub-maximal isometrics for rotator cuff – external/internal rotation while shoulder at side.
- Continue sling wear as instructed.

8 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- May begin to wean from sling or discontinue if instructed.
- Begin to return to light activities of daily living with operative extremity.
- Can add further passive and active shoulder ROM including wall walks, internal rotation, and **posterior capsule stretch (reach hand across body to opposite shoulder)**.
- Can add active shoulder flexion to 90° and abduction at side (palm facing floor) to 90°.
- Continue to progress toward full flexion and external rotation at side.

12 Weeks Post Op:

- Follow up appointment with P.A. or M.D.
- As motion improves add progressive strengthening with theraband for Rockwood V, scapular stabilizers, and biceps/triceps.
- Emphasize posterior capsule stretch.
- **Expect no heavy lifting/loading activities for 4-6mos!**

Considerations:

- May begin interval throwing if athlete at about 4 months post op.
- Continue progressive strengthening until full activities allowed at 6 months post op

Discharge Instructions after Shoulder Surgery

- A sling/immobilizer has been provided for you. Remain in your sling/immobilizer at all times with the exception of hygiene and physical therapy activities. **This includes sleeping in your sling/immobilizer.**
 - DO NOT USE THE HAND GRIP UNTIL YOUR BLOCK HAS COMPLETELY WORN OFF AND YOU HAVE FULL SENSATION IN YOUR HAND.



- Use ice/cryocuff on the shoulder on a scheduled basis over the first 48-72 hours after surgery. Continue to ice/cryocuff intermittently for the next few weeks as needed to reduce inflammation, especially after physical therapy. Do not place the ice/cryo-sleeve directly on your skin. Take the cryo sleeve off occasionally and wipe it down with a towel as it does build condensation.
- Pain medication has been prescribed for you. If you have been given an indwelling nerve block, begin taking pain medication on post-operative night number 2. You may begin taking it sooner if the nerve block has begun to wear off. Take your pain medication approximately 45-60 minutes prior to the removal of your nerve block.
 - **Nerve block: You may have mild shortness of breath and numbness to the side of your face after the nerve block, this is normal.**
 - **To remove the “pain ball”, gently remove any tape/glue and with gentle pressure, pull the thin catheter (tubing) out. If you meet resistance, call the phone number on the “pain ball.”**
 - **Pain medications can cause constipation, we suggest purchasing a stool softener such as Colace, Senekot or Miralax if needed.**
- Use your pain medication as directed over the first 48 hours **after** you begin taking it and then begin to taper your use. You may supplement the pain medications with over the counter Advil (Ibuprofen, Motrin), Aleve (Naproxen sodium) as needed for the first 5 days after surgery. **DO NOT TAKE TYLENOL (ACETAMINOPHEN) UNLESS INSTRUCTED OTHERWISE.**
- You will receive compression socks at the surgery center. Please keep your compression socks on for the first 3 days to help prevent blood clots. These socks can be slippery so please wear socks or slippers with a non-skid surface.

- Once you are comfortable at home, it's important to practice deep breathing and coughing so that you'll be able to do the exercises below easily after surgery. These exercises will help your breathing, clear your lungs, and lower your risk of pneumonia.
- Breathe deeply and cough every hour while you're awake for the first 2 to 3 days after surgery. These exercises work better if you do them sitting up.
- It's also important to move and change your position often. These position changes help to make your breathing and coughing exercises work better.

Deep Breathing Exercises

Do these exercises every hour when you're awake.

- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely through pursed lips. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.

Coughing Exercises

It's best to do coughing exercises when you're feeling comfortable. If you're lying on your back, bend your knees (if you can), and rest your feet on the bed.

Breathe in deeply and cough firmly. If you cough up some mucous, clear it into a tissue. Repeat the coughing until there isn't any more mucous. If you have a lot of mucous, you may need to take a break so you don't get too tired.

Foot and Leg Exercises

Do these exercises every hour while you're awake.

Ankle Pump

- Pump your ankles up and down for 1 minute.
- Relax both feet.
- Repeat 5 times then relax.



B. Ankle Circles

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

- Circle both ankles; first to the right, and then to the left.
- Repeat 5 times then relax.



Bend each knee one at a time, sliding your foot up along the bed and then back down.
Repeat 5 times then relax.

Bandages and Shower

- The first time that you shower, it is a good idea to have someone “stand by” as the hot water, pain medication and the anesthesia can cause dizziness and lightheadedness.
- **Shoulder:** You may shower 3 days after your surgery (after your nerve block is out). The incision(s) CANNOT get wet prior to 3 days or until the wound is dry. Remove all of the dressings and let the shower water flow over the incisions, do not scrub or use soap on the incision. Allow the water to wash over the site, do not scrub and then PAT dry. Do not rub the incision(s). Place new, clean dressing or bandaid over the incision (s). Make sure your axilla (armpit) is completely dry after showering. You may use gauze or on a dry washcloth to help keep your armpit dry.

Eating

- **Start slow!** There are no restrictions to your diet but the general anesthetic slows everything down. Starting with non-greasy, lower fat foods will keep your tummy happy.

Attend Physical Therapy as directed.