



THERAPY PROTOCOL: SHOULDER ARTHROSCOPY WITH SLAP REPAIR / STABILIZATION

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Note: While this is intended to be a guide, please tailor progression to the patient's surgical procedure and response to treatment. The diagnosis, the surgery performed, and the patient's pre-operative level all play important roles in the post-operative period. Therapy is often held for 6 weeks following surgery for stabilization procedures. This protocol is a general timeline, and can be accelerated or decelerated according to each individual situation. The protocol is NOT intended to be a comprehensive outline of all activities and restrictions.

This therapy protocol is intended for current patients of Dr. Hansen who are actively under his care. Dr. Hansen reserves the right to change all or part of this protocol based on individual patient progress. Please contact our office if you have questions or concerns.

Thank you for your care of our shared patient!

Frequency: 2-3 times per week for 12-16 weeks

General Information:

- Surgery may also include one or more of the following:
 - Anterior or posterior stabilization
 - Latarjet
 - Microfracture
 - Subacromialbursectomy, subacromial decompression, and/or acromioplasty
- Therapy activities and/or timeline may be modified depending on the nature of the surgery and/or extent of the injury

1) Phase 1: Weeks 0-3

Goals: Decrease soreness and swelling, protect repair

- a) Precautions
 - i) Use sling night and day for 6 weeks WITH ABDUCTION PILLOW
 - ii) Therapy often held for 3-6 weeks dependent on intraoperative findings
 - iii) No lifting, pushing, pulling or carrying surgical arm

- b) Day of surgery:
 - i) AROM wrist/hand
 - ii) Cold therapy
- c) Weeks 0-3
 - i) Full PROM elbow
 - ii) PROM only as tolerated
 - (1) No IR
 - (2) ER to <15 degrees
 - (a) NO external rotation in abduction x12 weeks!
 - (3) Flexion to 60 degrees

2) Phase 2: Weeks 4-6

Goals: Gradually advance PROM, protect repair

- a) Precautions
 - i) Use sling night and day for 6 weeks WITH ABDUCTION PILLOW
 - ii) No lifting, pushing, pulling or carrying surgical arm
 - iii) No active flexion until 6+ weeks postop
- b) Weeks 4-6
 - i) PROM only as tolerated
 - (1) IR to 30 degrees
 - (2) ER to 60 degrees
 - (3) Flexion to 145 degrees

3) Phase 3: Weeks 7-9

Goal: Advance PROM/AAROM/AROM

- a) Precautions
 - i) Discontinue sling at 6 weeks
 - ii) No lifting, pushing, pulling or carrying surgical arm
- b) Weeks 7-9
 - i) Advance AAROM and AROM as tolerated
 - (1) IR to 30 degrees
 - (2) ER to 60 degrees
 - (3) Flexion to 180 degrees

4) Phase 4: Weeks 9-12

Goals: Full AROM, Strengthening ONLY with full AROM

- a) Precautions
 - i) No lifting >5 lbs

- b) Weeks 9-11:
 - i) Pain-free full ROM as tolerated
- c) Week 10-12:
 - i) Gradual advancement of strengthening if full AROM achieved

5) Phase 5: Weeks 12-16+

- a) Precautions
 - i) Pain-free AROM as tolerated
- b) Weeks 12-16:
 - i) Gradual strengthening & work hardening

Guide to advance activity (as tolerated and with surgeon approval):

3 weeks: sedentary work

12 weeks: driving if small repair

4-6 months: manual job

6-9 months: advance sport specific activities

9-12 months: release to full sport activity/contact sports