Mr. Shane Barwood 9525 1035
www.shanebarwood.com.au
Mr. Ashley Carr 9573 9684
www.ashleycarr.com.au
Mr. Matthew Evans 9529 3820
www.matthewevans.com.au
Mr. Greg Hoy 9525 1833
www.greghoy.com.au

Melbourne Orthopaedic Group
A.C.N. 005 057 269
33 The Avenue, Windsor 3181.
P.O. Box 447, Prahran 3181.

Physiotherapists
Lyn Watson Simon Balster
Tel: 9510 8999 or 9529 8899

REHABILITATION PROTOCOL FOR SHOULDER STABILIZATION AND SLAP REPAIRS

Physiotherapy Protocol

The following is intended to guide the patient through the post operative rehabilitation process. Each patient may still require individualised modifications to their program depending on the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength.

Arthroscopic	Open
Anterior	Inferior
Posterior	Superior (SLAP)

Shoulder Immobilization:

4 weeks day and night

Day only weeks 5 and 6

Movement restrictions and duration:

Dosages

Range of motion exercises performed 3 times a day.

Strength control work/endurance performed 2 times per day.

Hypertrophy work – maximum once per day.

0-2 Weeks

Elbow, wrist and hand

Full active range of motion

2-4 Weeks

Come out of immobilizer for exercises only.

Pendular exercises

Bent over, range within pain limits.

Assisted active in supine

- Flexion (commence elbow bent, progress to flexion with a stick).
- external rotation at 0°, abduction 0°, arm supported on towel, progress to 20°-30° by 4 weeks.

Isometric scapula exercises

Elevation, depression, retraction.

4-6 Weeks

Assisted active in supine flexion

No limit.

Assisted active in supine external

Rotation 0° abduction gradually achieve ¾ range of motion.

Assisted active supine internal

Rotation at 30° abduction (arm supported) to 30° (unless posterior).

Assisted HF in lower ranges flexion

(unless posterior or SLAP repair).

Commence assisted extension in standing and HBB.

Isometric glenohumeral joint exercises.

Active sidelying ER

No weight, progress to ½kg.

Resisted extension rubbers in standing

Short lever progress to long lever

6-10 Weeks

Increase all assisted active range of motion drills including ER/IR in greater ranges of abduction till 90° achieved.

Gradually increase all weights by ½kg increments.

Progress strength work for shoulder shrugs as required.

Sidelying external rotation.

Supine anterior deltoid weight.

Prone horizontal extension, elbow bent, 0°-45° abduction.

Sitting middle deltoid to 45° abduction.

Supine internal rotation drills with Theraband in lower and higher ranges of abduction (as tolerated and range achieved, care with progression into 90°, perform in plane of scapula initially).

Abduction/External rotation combination Theraband drills performed in higher ranges of abduction (as tolerated and range achieved care with progression into 90°, perform in plane of scapula initially).

Dynamic humeral head control work with Theraband.

10-12 Weeks

Continue stretching to achieve full functional range of motion (unless limits set by surgeon).