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REHABILITATION PROTOCOL FOR SHOULDER STABILISATION AND SLAP REPAIRS

PHYSIOTHERAPY GUIDELINES

The following is intended to guide the patient through the postoperative 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.

Shoulder Immobilization:

- Four weeks day and night
- Day only weeks five and six

Consulting At:

- Melbourne Orthopaedic Group, 33 The Avenue, Windsor 3181
- Glenferrie Private Hospital, 29 Hilda Crescent, Hawthorn 3122
- Level 4, 250 Collins Street, Melbourne 3000

EXERCISES/TREATMENT FOR EACH STAGE OF REHABILITATION

Dosages:

- Range of motion exercises performed three times a day.
- Strength control work/endurance performed twice per day.
- Hypertrophy work maximum once daily.

0-2 DAYS

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 degrees, abduction 0 degrees, arm supported on towel, progress to 20 degrees to 30 degrees by four weeks.

Isometric scapula exercises:

Elevation, depression, retraction.

4-6 WEEKS

Assisted active in supine flexion: No limit.

Assisted active in supine external: Rotation 0 degree abduction gradually achieve $\frac{3}{4}$ range of motion.

Assisted active supine internal: Rotation at 30 degree abduction (arm supported) to 30 degrees (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 side-lying ER: No weight, progress to $\frac{1}{2}$ kg.

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 until 90 degrees achieved.

Gradually increase all weights by ½ kg increments.

Progress strength work for shoulder shrugs as required.

Side-lying external rotation.

Supine anterior deltoid weight.

Prone horizontal extension, elbow bent, 0 degree to 45 degree abduction.

Sitting middle deltoid to 45 degrees abduction.

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