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Shoulder Arthroscopic Labral Debridement Rehabilitation Guideline

This rehabilitation program is designed to return the individual to their activities as quickly and safely as possible. It is designed for rehabilitation following Shoulder Arthroscopic Labral debridement. Modifications to this guideline may be necessary dependent on physician specific instruction, location of repair, concomitant injuries or additional procedures performed. This evidence-based Shoulder Arthroscopic Labral debridement rehabilitation guideline is criterion-based; time frames and visits in each phase will vary depending on many factors - including patient demographics, goals, and individual progress. This guideline is designed to progress the individual through rehabilitation to full sport/ activity participation. The therapist may modify the program appropriately depending on the individual's goals for activity following Shoulder Arthroscopic Labral debridement.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

General Guidelines/Precautions:

- Rehabilitation progression should be based upon obtaining goals/milestones.
- Passive ROM only by therapist until s/p 10 days
- Active Assisted ROM and Isometrics initiated at 10-14 days per patient tolerance.
- Active ROM initiated at 3 weeks, per Physician.
- Strengthening initiated at 3-4 weeks, per Physician

Arthroscopic SLAP Lesion (Type I and III) Debridement Rehabilitation Guideline
(Expected D/C at 10-12 weeks)

PHASE	SUGGESTED INTERVENTIONS	GOALS/MILESTONES FOR PROGRESSION
Phase I *Patient Education Phase (pre-operatively)* *1-3 Expected Visits*	***Discuss:*** • Anatomy, existing pathology, post-op rehab schedule, wearing of sling , and expected progressions. ***Instruct on Pre-op exercises:*** • Strength and ROM progressions as tolerated. ***Immediate Post-Operative instructions:*** • Maintain use of sling at all times until physician instructs to d/c	***Goals of Phase:*** • Improve ROM and strength prior to surgery • Appropriate expectation framework for post-operative rehabilitation ***Criteria to Advance to Next Phase:*** • Progress to Phase II post-operatively

Phase II
Protected Motion Phase
 	
0-2 Weeks
 	
2-4 Expected Visits
	Specific Instructions:
	• Maintain use of sling at all times until physician instructs to d/c
	Suggested Treatments:
	• Modalities:
	  • Pain control modalities as needed
	  • No heat until 1 week s/p
	• Range of Motion:
	  • Elbow, wrist, hand AROM
	  • PROM: (done by therapist only prior to 10 days s/p)
	  • Flexion as tolerated
	  • ER as tolerated (begins in scapular plane and progress towards 90 deg. of abduction)
	  • IR as tolerated
	  • AAROM: (initiated late phase at 10-14 days as tolerated)
	  • Flexion/ Extension progression to full compared bilaterally
	  • Abduction/ Adduction progress to full compared bilaterally
	  • ER/ IR progress to full compared bilaterally
	• Manual Therapy:
	  • Gleno-humeral joint mobilizations as appropriate
	Exercise Examples:
	• Putty or grip strength exercises
	• AAROM: Wand, Pendulum or Pulleys as tolerated within guidelines above
	• Isometrics (initiated late phase at 10-14 days as tolerated)
	  • Submaximal and pain-free (NO BICEPS)
	  • Rhythmic Stabilizations
	Other Activities:
	• Home program prescription of exercises
		Goals of Phase:
		• Provide environment of proper healing of debridement site
		• Prevention of post-operative complications
		• Retard muscle atrophy
		• Re-establish ROM
		• Diminish pain and inflammation
		Criteria to Advance to Next Phase:
		• Full PROM
		• Minimal Pain or tenderness
		• 4/5 MMT for flexion, internal and external rotation

Phase III
Motion and Muscle Activation Phase
 	
3-4 Weeks
 	
2-4 Expected Visits
	Specific Instructions:
	• No carrying or lifting of heavy objects
	Suggested Treatments:
	• Modalities Indicated:
	  • Pain control modalities as needed
	• ROM:
	  • Progress to full and non-painful AROM in all directions
	• Manual Therapy:
	  • Gleno-humeral/ thoracic, AC/SC joint mobilizations and capsular stretching to restore normal shoulder arthrokinematics
	Exercise Examples:
	• Progressive GHJ stabilization exercises to include PNF static & dynamically
	• Open chain knee extensions (90-0 degrees) with no resistance
	• Initiate scapular stabilization exercises below 90 degrees at 3 weeks s/p
	• Initiate Throwers Ten exercises at week 3- 4 (dependent on patient symptoms)
	• WB dynamic stabilization exercises at week 4
	Other Activities:
	• May begin UBE at 4 weeks with low resistance
		Goals of Phase:
		• Regain and improve muscular strength
		• Normalize the arthrokinematics
		• Improve neuromuscular control
		Criteria to Advance to Next Phase:
		• Full and non-painful AROM
		• No Pain or Tenderness
		• Strength 70% or more compared to contralateral shoulder

Arthroscopic SLAP Lesion (Type I and III) Debridement Rehabilitation Guideline
(Expected D/C at 10-12 weeks)

PHASE	SUGGESTED INTERVENTIONS	GOALS/MILESTONES FOR PROGRESSION

Phase IV
Advanced strengthening and eccentric control phase
 	
5-7 Weeks
 	
4-6 Expected Visits
	Specific Instructions:
	• Continue previous exercises
	Suggested Treatments:
	• ROM:
	  • Should achieve full and non-painful resisted motions by week 7
	Exercise Examples:
	• Initiate IR/ER dumbbell strengthening at 90/90 position
	• Initiate biceps strengthening with dumbbells
	• Continue to progress neuromuscular and proprioceptive shoulder exercises
	Other Activities:
	• Light cardiovascular conditioning program which includes:
	  • Stationary bike
	  • Level ground walking
		Goals of Phase:
		• Improve strength, power and endurance
		• Preparation to return to overhead activities and throwing
		• Improve neuromuscular and eccentric control
		Criteria to Advance to Next Phase:
		• Full and non-painful resisted ROM
		• No pain or tenderness
		• Less than 10% strength deficit for all motions
		• Clearance by MD to full activity and/or Throwers Program

Phase V *Return to Activity phase* *8-12 Weeks* *8-12 Expected Visits*	***Specific Interventions:*** • Return to Performance program (where available) • Progression of total body strength program • Progression of interval throwing program. • Sport specific/ position drills or appropriate sport specific interval program	***Suggested Criteria for Discharge:*** • No pain or complaints of instability with functional progression of sport specific skills • Please refer to Phase 4 of the Overhead Athlete Rehabilitative Guideline for overhead athletes discharge criteria

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