

**THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST**

**REHABILITATION GUIDE FOLLOWING ARTHROSCOPIC SLAP REPAIR PROCEDURE**

(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

**Indications**

To repair the damaged origin of the long head of biceps. The lesion is a tear of the superior labrum, anterior and posterior to the long head of biceps.

**Case Profile**

Patients with pain from a lesion of the insertion of LHB into to superior glenoid tubercle and ant/post labrum

**Post Operative Protocol Summary**

Wean off sling over first 3/52 as comfortable

1- 3/52 AAROM no restrictions in range but do not overstretch into resistance

Avoid loaded/resisted elbow flexion 6/52

Avoid positions that stress the repair – consider EOR ER or ABD/ER positions during first 12 weeks

TIMESCALE	REHABILITATION EXERCISES	GOALS
<u>Day 1 – 3 weeks</u>	<ul style="list-style-type: none"> <li>• Elbow, wrist and hand exercises</li> <li>• Postural awareness and scapula setting</li> <li>• AAROM all directions as comfortable, no restrictions</li> <li>• Core stability exercises as appropriate</li> <li>• Gravity minimised exercises</li> <li>• No resistance exercises</li> <li>• Level 1 exercises</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Check if specific post-operative instructions have been given and amend the guide accordingly</b></li> <li>• Good understanding of post- operative rehabilitation</li> <li>• No complications following surgery</li> <li>• Control of pain with adequate pain relief</li> <li>• Normal sensation returned to limb</li> <li>• Teach sling application and axillary hygiene</li> <li>• Sling to be worn (except when washing or exercising)</li> <li>• Wean off sling over first 3/52</li> <li>• In the first phase of rehabilitation the protocol is based on maintaining integrity of repair and scapular stabilisation <b>NOT</b> ROM or Strengthening</li> <li>• Commence scar tissue management after 10 days</li> </ul>

		<ul style="list-style-type: none"> <li>• Return to sedentary work after 2/52</li> <li>• Maintenance of low level cardiovascular work</li> </ul>
<u>3 – 6 weeks</u>	<ul style="list-style-type: none"> <li>• Progress through active assisted to active glenohumeral joint ROM</li> <li>• Level 2 exercises as appropriate (no biceps)</li> <li>• Proprioceptive exercises through open and closed chain</li> <li>• Scapula stabilisation programme</li> <li>• Posterior complex stretching</li> <li>• Scar tissue management</li> </ul>	<ul style="list-style-type: none"> <li>• Full AROM shoulder and elbow regained by 6/52</li> <li>• Return to driving 3-6/52 safe from surgical perspective but competency to drive is the responsibility of the individual patient</li> <li>• Breast stroke swimming after 6/52</li> </ul>
<u>6 – 12 weeks</u>	<ul style="list-style-type: none"> <li>• Regain scapula and gleno humeral stability for shoulder joint control gradually progressing into range</li> <li>• Commence Level 3 exs</li> <li>• Progressive resistance exs biceps</li> <li>• Progress core stability</li> <li>• Treat any posterior capsule tightness</li> <li>• Sport/ occupation specific rehab</li> <li>• Progress open chain sensorimotor rehab</li> <li>• &gt; 12 weeks Abduction/ external rotation control/ throwing, ballistics/ plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• Regain scapula and gleno humeral stability for shoulder joint control rather than range</li> <li>• Ensure good scapulothoracic rhythm</li> <li>• The emphasis in patients who quickly demonstrate full AROM should be on dynamic control</li> <li>• Normal movement pattern through range by 12/52</li> <li>• Return to manual work 3-6/12</li> <li>• Freestyle swimming 3-6/12</li> <li>• Contact sport 3-6/12</li> <li>• Cycling 3/12</li> <li>• Golf 3/12</li> <li>• Light lifting after 6/52</li> <li>• Heavy lifting after 3/12</li> <li>• JAMAR grip strength measure correlates with global UL strength</li> <li>• Y balance test</li> <li>• Posterior shoulder endurance test (1-2kg wt repeated prone lying abd to fatigue then compare to contralateral side) &gt;12 weeks</li> <li>• Ability to perform unilateral shoulder press</li> </ul>

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**Catrin Maddocks/ Julie Lloyd Evans**  
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