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## **SLAP LESION REPAIR REHABILITATION GUIDELINES**

### **Follow up Appointment:**

- A follow up appointment should be arranged for you when your surgery was scheduled. Please check your surgery information packet.
- If you do not have an appointment please call the office at 503-661-5388.

### **Diet:**

- Begin with liquids and light foods such as Jell-O and soups.
- Advance as tolerated to your regular diet if not nauseated.

### **First 24 Hours:**

- Be in the care of a responsible adult.
- Do not drink alcoholic beverages.

### **Pain Control:**

- Strong oral narcotic pain medications have been prescribed for you. Use only as directed. No pain medication is capable of taking away all the pain. Taking your pills at regular intervals will give you the best chance of having less pain.
- If you need a refill PLEASE PLAN AHEAD. We recommend 24-48 hours for refills to be approved.
- Do not combine with alcoholic beverages.
- Be careful as you walk or climb stairs as mild dizziness is not unusual.

### **Wound Care:**

- Maintain your postoperative dressing.
- Remove your surgical bandage on the fourth post op day. Dry the incisions carefully and cover with Band-Aids.
  - If you have a hard cast over the site of your surgery, please keep that on until your post op appointment.
- Keep the incisions clean and dry until your post op appointment. Showers are okay, be sure to avoid direct contact and immersing the incisions in water.
- Your incision may have staples/sutures, they will be removed at your post op appointment 7-10 days following your surgery.
- If there is a problem with bleeding through the dressing, redness, or abnormal drainage please call our office 503-661-5388.

### **Swelling:**

- Your surgery site may display a moderate amount of swelling. This is to be expected.
- To help control swelling, you may ice the area for 20-30 minutes at a time and continue for at least the first week after surgery.

- The swelling may be present for several days, up to 2-3 weeks postoperatively.
- If you have persistent and/or increasing pain or swelling please call our office at 503-661-5388.

**Exercises:**

- Formal Physical Therapy may be prescribed by your doctor at your post operative visit.

**When to call your Surgeon:**

- Significant swelling or any numbness in the limb that was operated on
- Unrelenting pain
- Fever or chills
- Redness around incisions
- Color change in foot or toes
- Continuous drainage or bleeding from wounds (small amount of drainage is expected)
- Any other worrisome condition

**When to call your Primary Care Physician:**

- Flare up of any of your regular medical conditions

**When to call 911:**

- Chest pain
- Shortness of Breath
- Any other acute serious condition

**GENERAL INFORMATION:**

- If only a debridement is performed, there are no precautions
- Sling is generally worn for 4-6 weeks (gradual weaning process)
- No shoulder extension and no active or resisted elbow flexion and shoulder elevation (flexion) for 6 weeks in order not to over stress repair
- Timeframes should not be utilized to solely progress a patient, however, serve as a means to gauge the healing process

**Early Rehabilitation Phase: (0-6 weeks post surgery)**

- Initiate home program with emphasis on proper PROM (with ROM restrictions)
- Initiate postural re-education and emphasize ROM in corrected posture
- Gradual weaning from sling after 2-3 weeks (during the day) and after 4 weeks (during the nighttime). Discontinue completely by 6 weeks. **NO ACTIVE ARM SWINGING UNTIL AFTER 4 WEEKS**
- PROM with emphasis on scapular plane. Avoid extension and end-ranges of IR and ER. **NO JOINT DISTRACTION**
- Submaximal multi-angle isometrics. Begin with manual resistance to ensure proper technique and muscle recruitment. Avoid elbow flexion and shoulder flexion.
- Scar massage (direct and indirect) based upon healing
- Begin scapular training with emphasis on manual resistance (start in sidelying)

### **Intermediate Rehabilitation Phase: (6-8 weeks post surgery)**

- Address end-range stretching/PROM
- Initiate AA/AROM within pain-free range and initial emphasis on scapular plane
- Initiate forward elevation (begin in supine and progress to sitting/standing based on control and pain)
- Initiate active elbow flexion and resisted elbow flexion
- Initiate supine rhythmic stabilization
- Scapulothoracic training exercises – serratus anterior punches, scapular retraction, scapular depression, etc.
- Initiate gentle closed kinetic chain training

### **Active/Early Functional Training Rehabilitation Phase: (8-12 weeks post surgery)**

**NOTE: Full PROM should be achieved by 12 weeks**

- Initiate PRE program with emphasis on control and proper form/posture
- Initiate upper extremity endurance training (e.g. UBE/C)
- Incorporate PNF patterns into training
- Progress closed kinetic chain training program
- Initiate plyometric training as indicated (e.g. ball toss)
- Initiate activity and work-specific training

### **Late Functional Training Phase: (12-14 weeks post surgery)**

- Emphasis on functional training to allow patient to return to activity, sport, work without limitation (e.g. interval sports training program)
- Establishment of maintenance program as indicated for the individual