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 depending 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 and 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 with a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam or 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.

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General Guidelines/Precautions:

- Rehabilitation progression should be based on obtaining goals/milestones.
- AAROM and isometrics initiated at 7 to 10 days per patient tolerance.
- AROM initiated at 1 to 2 weeks.
- Strengthening initiated at 2 to 3 weeks.

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)*	***Discuss:*** Anatomy, existing pathology, post-op rehab schedule, bracing 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:*** 1. Improve ROM and strength prior to surgery 2. Appropriate expectation framework for post-operative rehabilitation ***Criteria to Advance to Next Phase:*** 1. Progress to Phase II post-operatively
Phase II *Protected Motion Phase* *Weeks 0-2*	***Specific instructions:*** • Maintain use of sling at all times until physician instructs to d/c ***Suggested Treatments:*** **Modalities:** Pain control modalities as needed **Range of Motion:** • AROM: Elbow, wrist, hand • PROM in all planes as tolerated • AAROM in all planes as tolerated o ER/IR progress to full compared bilaterally (begin 0 degrees abduction, progress to 45 then 90) **Manual Therapy:** Glenohumeral joint mobilizations as appropriate ***Exercise Examples:*** • Putty or grip strength exercises • AROM: • Wand/Cane, Pendulum, Pulleys as tolerated • Self-stretches (capsular stretches) • Isometrics (initiated late phase at 7 to 10 days as tolerated) o Submaximal and pain-free o Rhythmic stabilizations ***Other Activities:*** • Home program prescription of exercises	***Goals of Phase:*** 1. Provide environment of proper healing of debridement site 2. Prevention of post-operative complications 3. Limit muscle atrophy 4. Re-establish ROM 5. Diminish pain and inflammation ***Criteria to Advance to Next Phase:*** 1. Full PROM 2. Minimal pain or tenderness

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Phase III *Motion and Muscle Activation Phase* *Weeks 2-4*	***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:** Glenohumeral/thoracic, AC/SC joint mobilizations and capsular stretching to restore normal shoulder arthrokinematics ***Exercise Examples:*** • Progressive GHJ stabilization exercises • Emphasis on rotator cuff and scapular strengthening exercises • Initiate open-chain scapular stabilization exercises below 90 degrees • Initiate isotonic program for shoulder and scapulothoracic musculature with dumbbells as appropriate progressing to Thrower's Ten program and weight-bearing dynamic stabilization ***Other Activities:*** • May begin UBE with low resistance	***Goals of Phase:*** 1. Regain and improve muscular strength 2. Normalize the arthrokinematics 3. Improve neuromuscular control ***Criteria to Advance to Next Phase:*** 1. Full and non-painful AROM 2. No Pain or Tenderness with ADLs 3. Strength 70% or more compared to contralateral shoulder
Phase IV *Advanced Strengthening and Eccentric Control Phase* *Weeks 5-7*	***Specific instructions:*** • Continue previous exercises ***Suggested Treatments:*** **ROM:** Progressive resistive ROM program ***Exercise Examples:*** • Initiate IR/ER dumbbell strengthening at 90/90 position • Continue to progress neuromuscular and proprioceptive shoulder exercises • Initiate plyometrics (two hand drills progressing to one hand) • Diagonal patterns (PNF) • May initiate isokinetic strengthening ***Other Activities:*** • Light cardiovascular conditioning program	***Goals of Phase:*** 1. Improve strength, power and endurance 2. Preparation to return to overhead activities and throwing 3. Improve neuromuscular and eccentric control ***Criteria to Advance to Next Phase:*** 1. Full and non-painful resisted ROM 2. No pain or tenderness 3. Less than 10% strength deficit for all motions 4. Clearance by MD to full activity and/or interval throwing program
Phase V *Return to Activity Phase* *Weeks 8-12*	***Suggested 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:*** 1. No pain or complaints of instability with functional progression of sport-specific skills 2. Please refer to Phase IV of the Overhead Athlete Rehabilitative Guideline for overhead athletes discharge criteria

REFERENCES:

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2. Long JL, Ruberte Theile RA, Skendzel JG, et al. Activation of the shoulder musculature during pendulum exercises and light activities. J Orthop Sports Phys Ther. 2010 Apr;40(4):230-7
3. Wilk KE, Reinold MM, Dugas JR, et al. Current concepts in the recognition and treatment of Superior Labral (SLAP) Lesions. J Orthop Sports Phys Ther 2005;35:273-291

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