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POSTOPERATIVE PROTOCOL
ANTERIOR CAPSULE LABRAL RECONSTRUCTION
OR SLAP LESION REPAIR
L. SAM REBER, M.D.

First Two Weeks Post Op

Patient is placed in a sling or shoulder immobilizer postoperatively. The patient returns for a recheck appointment and bandage change in one week. The shoulder is kept in a sling or immobilizer until about 14 days postoperatively, but the determination of the actual length of postoperative immobilization is made at the time of surgery and will be included in your postoperative instructions. This may depend on how loose the shoulder was preoperatively and what other procedures were performed.

During the first ten days, only range of motion of the wrist and elbow are permitted without abduction, flexion, or external rotation past 0 degrees. After the first ten days, active abduction is allowed.

Two to Four Weeks Post-Op

During this time period, external rotation is allowed to 45 degrees with the elbow at the side and 45 degrees with the arm abducted 90 degrees. Forward flexion and abduction are limited to 90 degrees each and extension to 20 degrees beyond the body plane. Within these ranges of motion strengthening and progressive resistive exercises of the shoulder are encouraged, but no passive stretches beyond these ranges are allowed. Shoulder shrugs and scapular retraction is encouraged to maintain the tone of the shoulder girdle. Progressive resistive elbow and wrist exercises are continued.

Four to Eight Weeks Post Op

Full rehabilitation of the operated shoulder is allowed including scapula patterns, internal and external rotation strengthening and deltoid strengthening. Shoulder PNF patterns are continued. Resistive exercises can include manual resistance, elastic tubing, free weights, and shoulder strengthening equipment including wall pulleys. The only limitation to motion is that external rotation is limited to -15 degrees compared to the opposite side. Although the patients may achieve external rotation greater than this on their own, passive stretching should be stopped at 15 degrees less than the opposite shoulder in forward flexion, abduction, and especially external rotation. It is preferable to allow the patients to regain the last 15 degrees "on their own" over time rather than push the capsule too early and risk stretching the repair. There should be strong emphasis on continued scapular stabilization (protraction, retraction and elevation) as well as extrinsic and intrinsic muscle endurance.

Beyond Eight Weeks

After eight weeks post-op, the patient proceeds with a self-directed gym program that emphasizes PNF shoulder patterns, chest press, chest pull, and a complete shoulder conditioning and endurance program. This may be monitored once or twice a month by the physical therapist to make any necessary adjustments. The patient is not to return to strenuous overhead sports or work activities, including overhead flexion or throwing, until at least 12 weeks post-op. At that time, the patient can continue to increase activities as tolerated with no limitations whatsoever.