



GOLDEN STATE ORTHOPEDICS & SPINE CAST CARE INSTRUCTIONS

About your cast: Whether fiberglass or plaster, your physician has decided to treat your medical problem with cast immobilization

DO	DON'T
Elevate the cast when swelling is present	Get your cast wet, this includes the fiberglass cast
Move fingers or toes frequently, unless instructed otherwise	Stick any object inside your cast to scratch
Keep your cast clean and dry	Put baby powder or talc inside your cast
	Pull or place padding inside the cast

Contact your physician's office if:

- Pain or swelling are not controlled with ice, elevation and/or pain medication
- You feel rubbing or a blister inside of your cast
- You experience numbness or persistent tingling
- Your cast becomes wet or badly soiled
- Your cast edges are causing skin problems
- You develop a fever
- You have any questions regarding your treatment

Helpful Hints:

- Should your cast become wet, you can try to dry it out with a hair dryer on the low setting.
 - If you cannot thoroughly dry the cast, please contact the office at **(925) 939-8585**
- Make sure you check with your auto insurance company regarding their policy on driving with a cast.
- You are NOT to be driving while taking narcotic pain medications
- To help control initial swelling, elevate the affected body part at or above the level of the heart. Do this whenever possible by using couch cushions, pillows, a recliner, blankets, etc.



GOLDEN STATE ORTHOPEDICS & SPINE

SLAP REPAIR PROTOCOL

PHASE 2: WEEKS 7-12 (MODERATE PROTECTION PHASE)

D/C sling

Allow use of operative extremity for light ADLs. **NO LIFTING**

Gradually progress to AROM: Straight plane movements

Weeks 7-9:

FLEXION: Up to 180°

ABDUCTION: Up with UE ER to tolerance

ER: Up to 90° at 90 abduction

IR: Up to 70° at 90 abduction

Begin extension A/PROM and begin Biceps AROM

Begin light pain-free isometrics for shoulder musculature (ABD, ER/IR, Extension with UE @ side allowed)

No biceps, forward flexion or elevation isometrics

Weeks 10-12:

Progress ROM to functional demands of patient (i.e overhead athlete; combined movements)

Progress ER to thrower's motion: ER up to 115° at 90° abduction

PHASE 3: WEEKS 13-20 (MINIMAL PROTECTION PHASE)

Weeks 13-16:

Initiate Isotonic strengthening program with progressive strengthening of rotator cuff and scapular stabilizers

Begin Biceps sub-maximal Isometrics then progress to Isotonic strengthening of Biceps as well as supination exercises

Start light shoulder and UE strengthening (No < 5 lbs)

Continue all stretching and maintain thrower's motion (ER)

Initiate weights for RC strengthening as well as serratus, mid/low trap, bi/triceps

T-Band IR and ER @ side

Restricted sports activities (light swimming, half golf swings)

Independent shoulder stretches and light plyometric program

Weeks 17-20:

Initiate interval throwing program on level ground



GOLDEN STATE ORTHOPEDICS & SPINE **SLAP REPAIR PROTOCOL**

PHASE 4: WEEKS 21-26 (ADVANCED STRENGTHENING)

Initiate T-Band ER/IR at 90 Abduction (slow/fast sets)

Continue strengthening program to progress endurance

Progress Interval throwing program and/or initiate Sports-specific drills (including long-toss)

PHASE 5: MONTHS 6-9 (RETURN TO SPORT)

Advanced interval throwing program from pitcher's mound

Continue/advance sports-specific drills

SLAP REPAIR POST-OP PROTOCOL

EXERCISES

EXERCISES PHASE 1

1) Passive Supine Flexion/Forward Elevation:

Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress to 120°. Then full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 2-3 times/day



2) Passive Pendulum Exercise:

Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated

3) Passive Elbow Flexion/Extension:

While standing or sitting, use non-op hand to bend & straighten elbow. Repeat 10 reps, 2-3 times/day



3) Passive Elbow Flexion/Extension:

While standing or sitting, use non-op hand to bend & straighten elbow. Repeat 10 reps, 2-3 times/day

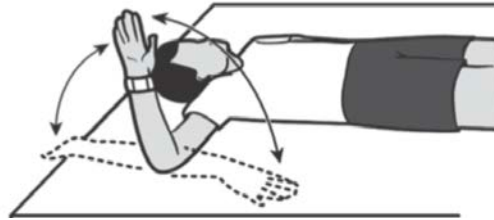


SLAP REPAIR POST-OP PROTOCOL

EXERCISES

EXERCISES PHASE 2

1) Active external rotation (NO Weight): Lie supine or on non-op side. With elbow bent to 90, rotate upper arm up and down (per guidelines). Repeat 5-10 reps, 2-3 times/day



2) Posterior Capsular Stretch: Gently reach across body. Use other hand to pull elbow further across and hold for 10-20 seconds, 1-2 times/day

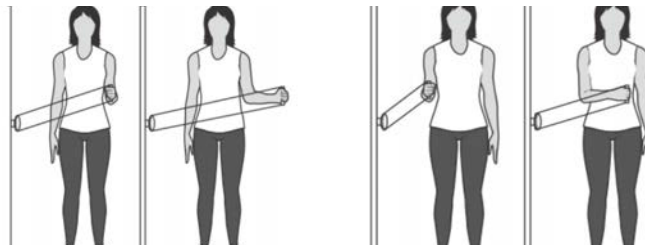


3) Wall Climb Abduction: Stand with shoulders flush with doorway. Use thumb & fingers to climb sideways up wall as high as possible. Do 10-20 reps, 2-3 times/day



EXERCISES: PHASE 3

1) Theraband ER and IR: Secure knotted band in a door and grasp with hand. Keeping elbow bent, and in at side, pull band towards stomach, followed by pulling out with hand. Do 10-20 reps, 1-2 times/day



DR HANY ELRASHIDY
GOLDEN STATE ORTHOPEDICS & SPINE
POST-OP REHAB PROTOCOLS

