Outpatient Physical Therapy Management of a Patient Three Months Following Left Shoulder Arthroscopic Repair of a Type-II SLAP Lesion: A Case Report

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Background
Research demonstrates a drastic increase in the prevalence of type-II suprascapular anterior-posterior (SLAP) lesion repairs, and its surgical correction has become the favored method of treatment, because of its ability to effectively improve quality of life (QOL). A type-II SLAP lesion consists of fraying and degenerative changes to the superior labrum, in an anterior to posterior direction, with the biceps tendon detached from the glenoid.

Purpose
Document the examination, evaluation, and plan of care (POC) concerning a patient that was referred to physical therapy (PT) three months following the surgical correction of a type-II SLAP lesion.

Patient History
- DB, a 45 year-old male, was referred to PT three months following an arthroscopic repair of his left shoulder to correct a type-II SLAP lesion.
- Worked for a tire company that delivered tractor trailer tires.
- Injury occurred when lifting an object at work one-year earlier.
- Received four weeks of PT and a cortisone injection before receiving an MRI and undergoing surgical repair one-year later.
- Medical history consists of well-controlled asthma and an abdominal hernia repair with no residual issues.

Examination and Goals

**Initial Examination Results**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm Circumference</td>
<td>34.0 cm</td>
<td>34.5 cm</td>
</tr>
<tr>
<td>Shoulder Flexion</td>
<td>150 degrees</td>
<td>165 degrees</td>
</tr>
<tr>
<td>Shoulder Extension</td>
<td>172 degrees</td>
<td>165 degrees</td>
</tr>
</tbody>
</table>

**Tenderness to palpation along left mid-posterior aspect**

**Tenderness throughout bicipital bursa, infraspinatus, and subscapularis muscles.**

**Extension/Abduction Limitation**

**Fluctuation in biceps tendon**

**Examination of Shoulder Function:**

- Limited overhead range of motion
- Pain with resisted shoulder abduction
- Guarding of left shoulder into internal rotation
- Depression of left scapula

**Patients Score on Shoulder Pain and Disability Questionnaire:**

- Pain: 4/10
- Disability: 3/10

**Functional Tests:**

- Palpation
- Shoulder
- Upper Extremity Functional Index (UEFI)
- Lower Extremity Functional Index (LEFI)
- Self-Rated Disability Percentage

**Outcomes:**

- No tenderness or tightness upon palpation.
- Left shoulder AROM equaled that of his right shoulder.
- Left shoulder strength improved to 5/5 and bilateral periscapular strength improved to 4+/5 in all planes.
- Normalized Posture (Minimal Rounded Shoulders and Forward Head)
- Normalized Gait Pattern (Improved Thoracic Trunk Rotation and Bilateral Arm Swing)
- Left shoulder pain was rated at 0/10 on the VAS.
- DB was discharged with no impairments according to the Upper Extremity Functional Index.
- DB returned to work and volunteering at the fire department without restrictions.

**Discussion**

The prevalence of type-II SLAP lesions has risen dramatically within recent years, which has increased the importance of adding to the pre-existing literature. The surgical repair of a type-II SLAP lesion has proven to be effective and the majority of patients have reported satisfaction with their post-surgical outcomes. Although DB presented with a unique case, since he did not receive PT until three months post-surgery, we believe that this will be helpful for therapists working with a similar patient population.

**Intervention**

2 Days/Week (6 Weeks), 1 Day/Week (2 Weeks), 1 Hour Sessions, 14 Sessions

- **Range of Motion**
  - Pendulum Exercises, Passive Range of Motion, and Manual Distraction
  - Self-Stretching and Active Assisted Range of Motion (Pulley System)

- **Strength**
  - Shoulder (Theraband and Weighted Pulley Exercises)
  - Functional Activities (Box Lifting)

- **Postural Stabilization**
  - Quadruped Exercises and Supine Scapular Punches/Clocks
  - Periscapular Strengthening (Prone Dumbbell Exercises)

**Upper Extremity Functional Index (UEFI) Scores**

<table>
<thead>
<tr>
<th>Test</th>
<th>Initial Evaluation (Week One)</th>
<th>Re-Evaluation (Week Four)</th>
<th>Discharge (Week Eight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UEFI Score</td>
<td>5/5</td>
<td>3/5</td>
<td>1/5</td>
</tr>
<tr>
<td>Self-Rated Disability Percentage</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
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