

Conservative Treatment for Patients with Suspected SLAP Tears: A Case Study

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Background: Surgical management and post-operative rehabilitation of SLAP lesions has been well established in the literature, including a rise in the incidence of SLAP repair. However, outcome following non-operative management of SLAP lesions has been under reported with little empirical data demonstrating effectiveness of conservative treatment.

Methods: All patients underwent a standardized physical exam by an orthopedic surgeon and completed the Quick Disabilities of the Arm, Shoulder, and Hand (QuickDASH) and Numeric Pain Rating Scale (NPRS). All patients were given a prescription for Physical Therapy. At follow-up with the physician (7±4 weeks), patients completed the quickDASH, NPRS and a Global Rating of Change (GROC). Patients were divided Responders and Non-Responders. Responders (positive patient reported outcome) were determined by demonstrating improvement in at least 2/3 PRO measures (QuickDASH ≥ 11 points, NPRS ≥ 2, GROC ≥ 3). Five matched pairs were identified based on: number of visits to physical therapy, age, sex, Quick DASH score, and current pain level. All patients were asked to submit daily logs of exercises completed, along with PT progress notes, at their follow-up physician appointment. The exercises were categorized into the following: stretching, scapular orientation, strengthening, and modality.

Results: The non-responders did on average 33 more stretching exercises than the responders. The non-responder did 21 more scapular orientation exercises than the responders. Responders did 38 more scapular retraction exercises *at* shoulder level compared to non-responders who did 49 more scapular retraction exercises *below* shoulder level.

Conclusion: Patients who had adequate flexibility and could begin strengthening at shoulder level right away did better. Non-responders tried to work on gaining mobility and scapular orientation, the responders were able to focus on dynamic stability and responded well because they had adequate baseline mobility. Even with compromised static stability, Responders were able to focus on and adequately return dynamic stability.