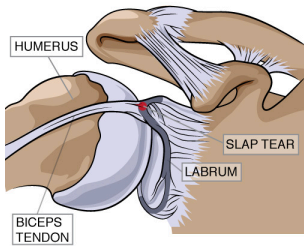


About your condition

Sample Patient 03/15/2024

WHAT'S WRONG?

SLAP Tear



The shoulder is a ball and socket joint, which means that the ball-shaped top of the upper arm bone (humerus) fits into a socket in the shoulder blade (glenoid). The shallow socket is surrounded by a thick, fibrous rim of cartilage called the labrum that deepens the joint and is also an attachment point for several ligaments and tendons. A SLAP tear essentially means the labrum is being peeled away from the underlying bone by the biceps. This type of injury is caused by repetitive strain or, less commonly, by trauma such as a fall onto an outstretched arm. SLAP tears are common in athletes,

particularly throwers. Complaints often include a deep, vague shoulder pain that is provoked by reaching. Weakness and popping, grinding, or catching are possible. If your condition progresses, you may notice pinching, slipping, or *looseness*, indicating that your shoulder is becoming less stable.

Most experts recommend trying conservative care before considering surgery. You should limit activities that cause significant pain, particularly throwing. As your symptoms improve, you will be taught progressively more challenging exercises to help you recover. Unfortunately, SLAP tears recover slowly, and some cases may require surgical repair.

THINGS WE CAN DO TO HELP YOU



Myofascial Release

Overworked muscles often become tight and develop knots or "trigger points". Chronic tightness produces inflammation and swelling that ultimately leads to the formation of "adhesions" between tissues. Your provider will apply pressure with their hands, or with specialized tools, in order to release muscle tightness and soft-tissue adhesions. This will help to improve your circulation, relieve pain and restore flexibility.



Therapeutic Exercise

Muscle tightness or weakness causes discomfort and alters normal joint function, leading to additional problems. Your chiropractor will target tight or weak muscles with specific therapeutic stretching and strengthening to help increase tissue flexibility, build strength, and ease the pain. Healthy, strong, and flexible muscles may help prevent re-injury.



Workstation Ergonomics

Ergonomics is the science of adjusting your workstation to minimize strain in the following ways:

- Monitors should be visible without leaning or straining and the top line of type should be 15 degrees below eye level.
- Use audio equipment that keeps you from bending your neck (i.e., Bluetooth, speakerphones, headsets).
- Keep your shoulders relaxed and elbows bent to 90 degrees.
- Wrists should not be bent while at the keyboard. Forearms and wrists should not be leaning on a hard edge.
- Keep frequently used objects, like your telephone, close to your body to prevent excessive reaching.
- Take a 10-second break every 20 minutes: Micro activities include: walking, stretching, or moving your head in a "plus sign" fashion.
- Periodically, perform the "Brugger relief position" - Position your body at a chair's edge, feet pointed outward. Weight should be on your legs and your abdomen should be relaxed. Tilt your pelvis forward, lift your sternum, arch your back, drop your arms, and roll out your palms while squeezing your shoulders together. Take a few deep cleansing breaths.

Sitting Workstations

- Hips and knees bent 90 degrees, feet flat on floor or footrest.
- Use a lumbar roll for lower back support.
- Avoid sitting on anything that would create an imbalance or uneven pressure (like your wallet).

Standing Workstations

- Keep your head, neck, torso, and legs vertically aligned.
- Wear shoes that provide proper arch support.
- Use a footrest to shift your weight from foot to foot.
- Adjust the footrest to approximately 10% of your total body height.

EXERCISES AT HOME

The following exercises have been specifically selected to assist with your recovery and help minimize future problems. Exercises should be performed slowly and within a relatively comfortable range. Maintain good posture and breathe naturally. Do not hold your breath. Unless otherwise instructed, stop any exercises that cause pain, or radiating symptoms.

Access your exercise videos

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OR



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Username: **spatient7322318** | Password: **SamplePatient102**

CURRENT EXERCISES



Codman Pendulum

Perform 3 sets of 10 reps, 2 times per day

Lean over a table using the uninvolved arm for support as shown. If directed, you may hold a light weight in your hand to increase traction. Allow the involved arm to hang freely. Use your torso to swing your involved arm in a clock-wise circle for 50 repetitions. Repeat in a counter-clockwise circle for 50 repetitions. Perform 50 repetitions in each direction twice per day or as directed.

Posterior Capsule Stretch- Side Lying

Perform 1 set of 10 reps, 2 times per day

Begin lying on your affected side with your elbow bent at 90 degrees. Stabilize your wrist on the affected side with your opposite hand. Attempt to gently push your wrist into the stabilizing hand for 7 seconds. Do not let the arm move during contraction. Relax and slowly let the affected arm drop towards the table until it cannot go any further. Perform as directed.





Scapular Clocks

Perform 3 sets of 10 reps, 2 times per day

Place your unaffected palm behind your head. Extend your affected arm directly sideways and place your palm on the wall at shoulder level. Begin with your fingers pointing upward, unless otherwise directed. Imagine that your shoulder blade is a clock and rhythmically elevate and depress your shoulder blade between 12 and 6 o'clock. Repeat 10 times. Next, move between 3 & 9 o'clock by rhythmically pinching your shoulder blade toward your spine, then moving it away. Repeat 10 times. Next, combine these movements to move your shoulder blade in a clockwise fashion, then counterclockwise 10 times each. Repeat twice per day or as directed.



Cane- Abduction

Perform 3 sets of 10 reps, 2 times per day

Begin standing holding a cane in front of your hips with your arms at your sides. Your involved arm should be grasping the cane palm out, and the uninvolved arm grasping the cane palm facing your thigh. Keeping your elbows straight, use the uninvolved arm to slowly push the involved side away from your body and upward as far as is comfortable. Return to the starting position. Perform as directed.

UPCOMING EXERCISES

Stop!

The following upcoming exercises will be started at a later date as you progress. Do not begin upcoming exercises until you are directed to do so by our office. You will continue your current exercises until otherwise directed.



YTWL Scapular Depression

Perform 3 sets of 10 reps, 2 times per day

Stand with your straight arms raised above your head in a "Y" position. Squeeze your shoulder blades together and downward throughout the following sequence of movements. Lower your straightened arms to shoulder level, into a "T" position. Next bend your elbows so that your fingers are pointing straight up while slightly lowering your elbows to make a "W". Finally, while keeping your elbows bent 90 degrees, lower your arms to your sides so that your elbows are touching your ribs to form an "L" on each side and squeeze. Hold each position for 1-2 seconds and repeat 3 sets of 10 repetitions, twice per day or as directed.



Low Row

Perform 3 sets of 10 reps, 2 times per day

Attach the center of an elastic exercise band to a doorknob or other sturdy object in front of you. Grasp one end of the band in each hand and with straight arms at your side, stretch the band backwards. Keep your palms facing backward and arms pointed straight down throughout the exercise. Return to neutral and repeat 3 sets of 10 repetitions daily, or as directed.