



SLAP Repair Post-Operative Protocol

Dr Kolowich, Dr Lock, Dr Rill, Dr Moutzouros

Phase I : Weeks 0-6 Protective Phase

Goals: Maximally protect the surgical repair. Achieved staged ROM limits but do not significantly exceed them. Patient education regarding post-op restrictions. Minimize shoulder pain and inflammatory response. Ensure adequate scapular function.

Patient Education:

- Discuss precautions specific to the nature of the surgical repair
- Importance of not significantly exceeding staged ROM goals
- Importance of tissue healing
- Proper sling use (assure sling provides upward support to the glenohumeral joint) 4-6 weeks as directed by surgeon
- Limiting use of arm for ADLs

Immobilization (sling):

- Absolute immobilization (no glenohumeral ROM exercises and constant sling use) for a variable time of 0-4 weeks, **based on patient-specific factors and surgeon recommendation.**
- If sent to therapy during this period of immobilization with sling, goal of therapy is to monitor ROM to make sure patient does not get stiff. Do not start exercises for 0-4 weeks (Gentle ROM by therapist only is allowed). **If insurance limits please contact physician for their recommendation.**
- Relative immobilization (out of sling for ROM exercises, sitting with the arm supported, and standing for short periods), starting after the period of absolute immobilization and continuing for the remainder of phase I, followed by sling use for comfort.

Range of Motion (after period of absolute immobilization):

Limits:	POW 2	POW 3-4	POW 4-6
Passive Forward elevation:	75-90°	90°	125-145°
Passive Elevation in scapular plane	60-90°	90°	125-145°
Passive Ext Rot at 20° ABD:	10°	25-30°	40-50°
Passive Internal Rotation	45°	60°	60°
Passive Ext Rot at 90° ABD:	contraindicated	contraindicated	contraindicated

If the targeted ROM is easily obtained, then stretching in the directions in which the target motions have already been met should be avoided to prevent overstressing the healing tissues.

If ROM is significantly reduced contact physician before considering PROM/Stretching

Exercises: AAROM : Pendulums, table wash, pulleys, cane supine and standing (*if needed*), AROM of uninvolved joints.

Reminders: NO Passive stretching for 6 weeks. ROM should not be forceful.

Avoid for 10 weeks - **biceps strengthening**,

Avoid for 4 weeks - **NO active external rotation, extension, or elevation.**

Strength:

Goals: strengthen appropriate muscles as symptoms allow

Exercises: Isometrics submax and pain free (flexion, extension, abduction, int rot and ext rot); wrist PRE's, Gripping, Sidelying scapular clocks, address the core as tolerated.

Weeks 5-6 – begin limited AROM/AAROM of shoulder to 90° flexion and abduction, “full can” exercise with no weight

Milestones (Testing Criteria) to Progress to Phase II

- Appropriate healing of the surgical repair by adhering to the precautions and immobilization guidelines
- Staged ROM limits achieved but not exceeded
- Minimal to no pain (0-2/10) with AROM/AAROM

Phase II : Weeks 7-12 Moderate Protective Phase

Goals: Achieve staged ROM goals to normalize passive ROM and active ROM. Minimize shoulder pain. Begin to increase strength and endurance. Increase functional activities

Range of Motion: Do not exceed

Goals:	POW 7-9	POW 10-12
Passive Forward Elevation	155°	160° -WNL
Passive Ext Rot at 20° ABD	50° to 60°	65° -WNL
Passive Ext Rot at 90° ABD	45° -75°	45° -WNL
Active Forward Elevation	120-150°	150-180

Exercises to add: Initiate PNF, AROM, AAROM as previous (if needed), ensure normal Cervical ROM and Thoracic extension to facilitate full upper extremity ROM.

Reminders: Avoid 90°/90° position, Limit progression if compensatory movements are present. Passive/AAROM as needed to achieve staged ROM goals in all planes. Many times only light stretching or no stretching is needed. Gentle joint mobilizations only if ROM is significantly less than staged goals.

Strength:

Goals: Increase strength, Improve scapular stabilization, No compensatory movements

Exercises to add: UBE, Prone clocks, Increase sidelying PRE's, Theraband flexion, extension, int. rot and ext rot, 4 point weight shifts, Theraband wall clocks, UE step ups, Wall push ups, Ball to wall stabilizations, AROM biceps, triceps PREs, Serratus punches, Lat pull downs (hands in front of the shoulders), Core strengthening

Weeks 10-12 – biceps strengthening can begin, begin more aggressive strengthening to RTC, and scapulothoracic musculature, begin submax exercises above 90°

Reminders: exercises should be pain free and performed without substitution or altered movement patterns. Limit progression if compensatory movements are present, Avoid 90°/90° position. Do not perform any strengthening exercises that place a large load on the shoulder in the position of horizontal Abd with ext rot (eg no push ups, bench press, pectoralis flys)

Milestones (Testing Criteria) to Progress to Phase III

- Staged ROM goals achieved with minimal to no pain (0-2/10) and without substitution patterns.
- Appropriate scapular positioning at rest and dynamic scapular control during ROM and strengthening exercises.
- Strengthening activities completed with minimal to no pain (0-2/10)

Phase III (Minimal Protective Phase/Strengthening): Weeks 12-20:

Goals: Normalize ROM, strength, endurance, neuromuscular control, and power. Gradual return to full ADLs, work, and recreational activities.

Range of Motion:

Goals: AROM WNL, Ext Rot at 90° abd: 80°-90°, No compensatory movements

Exercises: Passive ROM, stretching and joint mobilizations as needed to address any remaining deficits.

Strength:

Goals: Increase strength; begin 90°/90° strengthening, no compensatory movements. Increase emphasis on high speed multiplanar activities that incorporate the entire kinetic chain.

Exercises to add:

Early: Rows (shoulder adducted), latissimus pull downs with hands in front of head.

Intermediate: shoulder flexion/scaption to 90°, pressing activities with dumbbells or machines that do not require end range abduction/ext. rot., bodyblade

Late: Shoulder flexion/scaption greater than 90°, pectoral flies, and resumption of most weight lifting activities

UE exercises that are **NOT** advisable to this patient population: dips, lat pull downs or military presses with bar behind head.

Initiate plyometric program (as necessary): Must be pain-free, normal ROM, normal scapulohumeral rhythm, Rotator Cuff and scapular muscle strength 4+/5 or greater. At least 3 weeks of tolerance to high speed multiplanar activities that progressively mimics functional demands.

Initiate sports specific activities and Return to Throwing Program for Overhead and Throwing Athletes 16-20 Weeks:

Must be pain-free, normal ROM, normal scapulohumeral rhythm, Rotator Cuff and scapular muscle strength 4+/5 or greater. *See age specific throwing progression guidelines on the Rehab Services intranet site.*

Phase IV(Discharge Criteria): Weeks 16-26 (for non athletes):

Discharge criteria - ROM and Strength per functional demand of individual patient

Phase IV (Advanced Strengthening Phase) Weeks 20-26 (athletes)

Goals: Enhance muscular strength, power and endurance; Progress functional activities; maintain shoulder mobility.

Exercises: Continue flexibility exercises, continue isotonic strengthening program, Plyometric strengthening, progress sports interval programs.

Phase V (Return to Activity Phase) months 6 - 9

Begin throwing from mound at weeks 24-28