



## SLAP Repair Post-Operative Protocol

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### PRECAUTIONS:

- Patient to wear regular sling for 4 weeks
- No ER with abduction for 6 weeks
- No bicep resistance for 6 weeks
- No extension until 4-6 weeks
- Begin therapy at 2 weeks post-op
- Avoid 90/90 for 10 weeks & excessive ER at 45/90

### 2-6 WEEKS POST-OP:

- Control pain and inflammation
- Ice for pain management
- Refer to op report for more information on quality of tissue and any additional information that may alter healing time.
- Inspect incision, monitor for signs of infection. Keep incision clean and dry.
- Avoid anterior/posterior shoulder mobs until 3-4 weeks post-op
- Posture education
- Move uninvolved joints – elbow, wrist, fingers
- PROM – table top exercises, scap sets
- Pendulums
- Trap, scalene and levator stretching
- AAROM – pulley, cane at 3-4 weeks post-op – gentle
- Supine AROM to tolerance (FLEX, ABD, IR and ER 25-30° at 0, elbow FLEX/EXT)
- Isometrics in neutral – IR/ER/ABD/EXT NO FLEX
- Rhythmic stab exercise at 0° ABD
- Trapezius and levator stretch

## 6-10 WEEKS POST-OP:

**Goal:** Full PROM (75-80% normal by 6 weeks)

- AROM as tolerated at 6 weeks
- Posterior capsule stretch
- Internal rotation stretch with a towel
- Extension rows with tubing
- IR/ER with tubing (neutral), isotonic ER/IR in sidelying
- Bicep strengthening
- Rhythmic stabilization IR/ER
- Continue to avoid 90/90

## 12 WEEKS POST-OP:

**Goal:** Minimal pain

- Increase RC, deltoid and scapular strength in all functional positions

## 4-5 MONTHS POST-OP:

- Return to throwing

\*Dislocations under the age of 25 will likely need surgery.