TWIN CITIES ORTHOPEDICS

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# POST-OPERATIVE REHABILIATION PROTOCOL: ARTHROSCOPIC TYPE II SLAP REPAIR

## Phase I: Weeks 0 – 6: Immediate postoperative phase – Restrictive motion

**Goals:**

- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

**Weeks 0 – 2**

- Sling x 4 wks, day and night
- Elbow, wrist, hand range of motion (ROM)
- Supine position passive and active-assisted range of motion
    - Week 1, forward elevation to 75°
    - Week 2, forward elevation to 90°
    - Abduction scapular plane to 60°
    - External rotation (ER) and internal rotation (IR) performed with arm in scapular plane
    - ER to 10 - 15°
    - IR to 45°
- **NO active external rotation, extension, or abduction**
- **NO isolated biceps contraction**
- Submaximal isometrics for shoulder musculature
- Cryotherapy prn

**Weeks 3 – 4**

- Discontinue sling use at 4 wks post-op
- Continue supine ROM program with gradual transition into upright program (passive and gentle active assisted)
    - Forward elevation to 120°
    - Abduction scapular plane to 75°
    - ER in scapular plane to 25 - 30°
    - IR in scapular plane to 55 - 60°
    - Rate of progression based on patient tolerance
- **NO active external rotation, extension, or elevation**
- **NO isolated biceps contractions**
- Continue isometrics
- Continue cryotherapy prn

**Weeks 5 – 6**

- Gradually improve ROM
    - Forward elevation to 145 - 150°
    - ER at 45° abduction: 45 - 50°
    - IR at 45°, abduction: 55 - 60°
- May initiate stretching exercises
- May initiate light (easy) ROM at 90° abduction
- Initiate active shoulder abduction (without resistance)
- Initiate prone rowing, prone horizontal abduction
- **NO biceps strengthening**

**Phase II: Weeks 7 – 14: Intermediate phase – moderate protection phase**

**Goals:**

- Gradually restore full ROM (Week 10)
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance

**Weeks 7 – 9**

- Gradually progress ROM
    - Forward elevation to 180°
    - ER at 90°, abduction: 90 - 95°
    - IR at 90°, abduction: 70 - 75°
- Continue progress isotonic strengthening program
- Initiate throwers ten program

**Weeks 10 – 12**

- May initiate slightly more aggressive strengthening
- Progress ER to throwers motion when applicable
    - ER at 90°, abduction: 110 - 115°
- Progress isotonic strengthening program
- Continue all stretching exercises
- Progress ROM to functional demands (i.e. for overhead athlete)
- Continue all strengthening exercises

**Criteria for progression to Phase III**

- Full non-painful ROM
- Satisfactory stability
- Muscular strength (good grade or better)
- No pain or tenderness

**Phase III: Weeks 14 – 20: Minimal protection phase**

**Goals:**

- Establish and maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional activities

**Weeks 14 – 16**

- Continue all stretching exercises (capsular stretching)
- Maintain throwers motion when application (especially ER)
- Continue strengthening exercises
- Endurance training
- Initiate light plyometric program
- Restricted sport activities (light swimming, half golf swings)

**Weeks 16 – 20**

- Continue all exercises listed above
- Continue all stretching
- Continue throwers ten program
- Continue plyometric program
- Initiate interval sport program (e.g. throwing) as per interval return to specific sport program

**Criteria for progression to Phase IV**

- Full non-painful ROM
- Satisfactory static stability
- Muscular strength 75-80% of contralateral
- No pain or tenderness

**Phase IV: Weeks 20 – 26: Advanced strengthening phase**

**Goals**

- Enhanced muscular strength, power and endurance
- Progress functional activities
- Maintain shoulder mobility

**Weeks 20 – 26**

- Continue flexibility exercises
- Continue isotonic strengthening program
- Plyometric strengthening
- Progress interval sport program

**Criteria for progression to Phase V**

- Full functional ROM
- Muscular performance isokinetic

- Satisfactory shoulder stability
- No pain or tenderness

## Phase V: Months 6 – 9: Return to activity phase

### Goals

- Gradual return to sport activities
- Maintain strength, mobility and stability

### Exercises

- Gradually progress sport activities to unrestrictive participation
- Continue stretching and strengthening program

THIS PROTOCOL PROVIDES YOU WITH GENERAL GUIDELINES FOR THE REHABILITATION OF THE PATIENT UNDERGOING REPAIR OF A TYPE II SLAP TEAR.

SPECIFIC CHANGES IN THE PROGRAM WILL BE MADE BY THE PHYSICIAN AS APPROPRIATE FOR THE INDIVIDUAL PATIENT.

QUESTIONS REGARDING THE PROGRESS OF ANY SPECIFIC PATIENT ARE ENCOURAGED, AND SHOULD BE DIRECTED TO COREY A. WULF, MD @ 952-944-2519.

**REFERENCE**

Brotzman, S.B. & Wilk, K.E. (2003). *Clinical orthopaedic rehabilitation* (2nd. Ed.). Mosby.