

SLAP Repair Protocol

Specific requests or deviations that fall outside the scope of this protocol will be made by the provider as appropriate for the individual patient.

PHASE 1 (0 – 4 WEEKS)

Treatment Frequency – can start 1-2 weeks post-op, 1-2x/wk – to be determined by therapist and depends on patient's progress.

Goals

- Protect SLAP repair and allow appropriate healing
- Prevent shoulder stiffness
- Regain range of motion
- Enhance/ensure adequate scapular function
- Decrease pain and inflammation – Icing/cold packs 10-15 min – after exercises and therapy sessions; can do 4-6 times per day

Precautions

- Sling at all times when not working with therapy or bathing, begin weaning out of the sling after 4 weeks
- Avoid combined abduction and external rotation for 8 weeks. For example, do not reach behind your head (combined abduction and external rotation).
- No long head biceps muscle activation for 6 weeks to protect repaired tissues—this includes avoiding range of motion with long lever arm shoulder flexion as well as resisted supination/elbow flexion. Desk work can be performed at 2 weeks.
- Limit external rotation to 40 degrees in neutral for the first 4 weeks.
- Do not raise the arm overhead

Example Exercises

- Stretching/Passive Motion (7 days per week, 3 to 4 times per day)
 - Codman's/Pendulum exercise
 - Gentle active assistive range of motion for elbow and wrist
 - Scapular retraction
 - Supine external rotation
 - Supine assisted forward elevation
 - Behind the back internal rotation
 - Isometric exercises: internal and external rotation at neutral
 - Rhythmic stabilization and proprioceptive training
 - PROM elbow flexion/extension and forearm supination/pronation
 - AROM wrist/hand
 - Ball squeezes

PHASE 2 (5 – 8 WEEKS)

Treatment Frequency – 1-2x/wk – to be determined by therapist and depends on patients progress.

Goals

- Protect SLAP repair site
- Improve range of motion of the shoulder and begin gentle strengthening

Precautions

- Sling is no longer necessary
- Do not lift any object heavier than 2 pounds
- Avoid forceful pushing or pulling
- Avoid activities that load the biceps muscle (screwdriver, long level arm activities)
- Avoid combined abduction and external rotation for 8 weeks. For example, do not reach behind your head (combined abduction and external rotation).

Example Exercises

- Stretching (7 days per week, 1 to 3 times per day)
 - Pendulums
 - Supine external rotation
 - Standing external rotation
 - Supine passive arm elevation
 - Seated-Standing arm elevation
 - Behind the back internal rotation
- Strengthening (7 days per week, 1 time per day)
 - Theraband internal and external rotation
 - Standing forward flexion (scaption)
 - Prone row
 - Prone horizontal abduction T's
 - Prone extension
 - Sidelying external rotation

PHASE 3 (8 – 12 WEEKS)

Treatment Frequency – 1x/wk – to be determined by therapist and depends on patients progress.

Goals

- Protect the SLAP repair site
- Regain full range of motion
- Continue strengthening progression

Precautions

- The arm can be used for daily activities including raising the arm away from the body however the arm should not be raised when carrying more than 2 pounds.
- Avoid forceful pushing or pulling

Example Exercises

- Stretching (Daily 7 days per week)
 - Pendulum exercises
 - Standing external rotation
 - Wall slide stretch
 - Hand behind the head stretch (starting the 9th week after surgery)
 - Standing forward flexion
 - Behind the back internal rotation
 - Supine cross-chest stretch
 - Sidelying internal rotation (sleeper stretch)
- Strengthening/Theraband (Daily 7 days per week)
 - External rotation
 - Internal rotation
 - Standing forward punch
 - Shoulder shrug
 - Dynamic hug
 - W's (bilateral external rotation with elbows at side)
 - Biceps curl (start the 9th week after surgery)
 - Seated row (start the 11th week after surgery)
- Strengthening/Dynamic (Daily 7 days per week)
 - Side-lying external rotation
 - Prone horizontal arm raises "T's"
 - Prone row
 - Prone scaption "Y's"
 - Prone extension
 - Stand forward flexion "full can" scaption
 - Add resistance 1 to 3 pounds
 - Rhythmic stabilization and proprioceptive training drills

PHASE 4 (12 TO 16 WEEKS):

Treatment Frequency – 1x/wk to every 2 or 3 week; transitioning to independent program per PT.

Goals

- Gradual initiation of functional activities as indicated per patient function

Precautions

- Gradually advance the amount of resistance/weight

Example Exercises

- Stretching (5-7 days per week, 1 time per day)
 - Pendulum exercises
 - Standing external rotation

- Wall slide stretch
- Hand behind the head stretch
- Behind the back internal rotation
- Sidelying internal rotation (sleeper stretch)
- External rotation at 90 degrees abduction stretch
- Strengthening/Theraband (3 days per week, 1 time per day)
 - Continue phase 3 exercises
 - Optional exercises for overhead sports:
 - External rotation at 90 degrees
 - Internal rotation at 90 degrees
 - Standing “T’s”
 - Diagonal up
 - Diagonal down
- Strengthening/Dynamic (3 days per week, 1 time per day)
 - Continue phase 3 exercises
 - Prone external rotation at 90 degrees of abduction “U’s”
 - Bicep curls
 - Resisted forearm supination/pronation
 - Resisted wrist flexion/extension
 - Proprioceptive neuromuscular facilitation manual resistance with physical therapist
 - Push-ups
- Plyometric Program (times per day and per week per physical therapist)
 - Rebounder throws with arm at side
 - Wall dribbles

Milestones to return to overhead work and sports

- Clearance from MD/DO
- No complaints of pain
- Adequate ROM, strength and endurance of rotator cuff and scapular musculature for task completion
- A return to throwing program may be initiated at 4 months
- Compliance with continued home exercise program