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SLAP REPAIR REHABILITATION PROTOCOL

WEEK 1-4

- PASSIVE RANGE OF MOTION: Shoulder elevation in the plane of the scapula; external rotation as tolerated, unless otherwise specified by M.D. (Usually most comfortable in a seated position)
- Instruct patient in various alternative SLEEPING POSITIONS for early, painful stages (i.e. Recliner, head elevated in bed, pillow under elbow and behind scapula)
- If the shoulder becomes more painful DO NOT push through it or progress further until symptoms resolve.
- If HOME INSTRUCTION is given to spouse or other person living at home with patient, they should be able to demonstrate proper technique in any passive home exercises they will provide.
- ACTIVE MOTIONS Allowed: (out of sling four times daily)
 - Elbow flexion (NO RESISTANCE!) / extension
 - Hand squeezes (can use nerf ball, Theraputty, rolled wash cloth and etc.)
 - Scapular protraction retraction and elevation depression (shrugs)
- ISOMETRICS to all rotator cuff muscles; avoid biceps resistance
- Appropriate AEROBIC EXERCISE, as tolerated such as stationary bicycle without use of operated arm. Avoid bouncing activity such as jogging until 12 weeks post op.
- SLING / PILLOW / IMMOBILIZER: full time, except as above.
 - N.B. If swelling noted in elbow / hand / wrist encourage more time out of sling with elbow straight, while sitting.
- GOALS:
 - Sleep without waking due to pain
 - Passive Elevation 150 (progress to full elevation as tolerated)
 - Passive External Rotation 40 (unless otherwise specified by M.D.)
- Clinic visit frequency during this early stage should be limited as much as possible, depending on patient progress with PROM and pain. (Goal - 3-4 visits over the first 4 weeks). This may need to be adjusted if abnormal stiffness develops. If so, contact surgeon.

- Remember anatomy; Biceps anchor is the glenoid labrum. Protect and avoid biceps resistance stress to this structure. This includes active / resisted shoulder flexion.

WEEK 5

- ACTIVE ASSISTED MOTIONS:
- VARIABLE POSITION ISOMETRICS in supine and/or sitting (should be comfortable and well controlled by P.T.) NO BICEPS RESISTANCE
- CLOSED CHAIN JOINT APPROXIMATION activities to elicit co-contraction around the GH joint. (Can be performed in standing and quadriped positions, as tolerated)
- TENDON RETRAINING (high repetition movements and eccentrics)
- GOALS:
 - Full PASSIVE ROM in all planes (some patients may develop excessive tightness and may require more hands-on stretching and joint mobilization in combination with aggressive home stretches. If excessive pain or tightness is observed contact M.D.)
 - Discontinue sling and swath after 4 weeks (unless M.D. instructs otherwise)

WEEK 6

- Transition to ACTIVE ROM in controlled environment. (This is a very critical stage and patients will need close monitoring to avoid exacerbation of shoulder pain.)
- Continue with TENDON RETRAINING (from active assisted to active high repetition movements) NO BICEPS RESISTANCE
- Treatment must be individualized based on patient progress and motor control ability
- Continue with aggressive stretching and joint mobilization if full motion has not been obtained. (Consider posterior capsular, pectoralis major and internal rotation stretches, as well as thoracic mobility)
- Include multi-planar, low load, long duration stretching as part of home program
- GOALS:
 - Able to reach overhead with minimal pain
 - Good gleno-humeral rhythm with minimal scapular winging and shoulder hiking

WEEK 7

- Initiate biceps resistance. Maintain gentle resistance for two weeks.
- Continue progressive cuff resistance within limits on biceps.

WEEK 8-12

- Initiation of PROGRESSIVE RESISTANCE EXERCISES as tolerated. High repetitions and low loads.
- Exercises include isolated rotator cuff and functional movement patterns

- Exercise progression and dosage should be carefully managed to avoid aggravation of the healing tissues.
- May lift 5 lbs. maximum in all planes as tolerated.
- GOALS:
 - Able to most ADLs pain free
 - Sleep without waking due to pain
 - Able to lift, push and pull from 2-5 lbs. without pain and with good control.

WEEK 12-16

- May begin jogging but no sprinting.
- May lift 10 lbs. in all planes as tolerated.
- AVOID FULL STRESS OF THE SUPERIOR LABRUM AND BICEPS FOR FOUR MONTHS.
- Progress to functional home program, including stretches and resistance retraining
- Home programs should be specific for demands of work and sports
- 1-2 visits may be saved for follow up.

WEEK 17-24

- Return to sports with surgeon's ok depending on strength, ROM, and security of repair.
- Return is gauged on a case-by-case basis. Most patients allowed full return to sports by 4 -6 months.
- Throwing sports: begin short toss at 4 months, medium toss at 5 months, long toss advance to throwing beginning at 6 months.
- Racket sports: baseline only, underhand at 4 months. Serving and overheads at 6 months.

**Developed jointly with: Kim Reid P.T. – Performance West Physical Therapy
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