



# GOLDEN STATE ORTHOPEDICS & SPINE SLAP REPAIR PROTOCOL

## Primary Goal of PT: Protect SLAP Repair

Pain is NOT a good gauge of progression, healing time constraints CRITICAL

### PHASE I: WEEKS 0-6 (PROTECTED MOTION PHASE)

SLING FULL-TIME for 6 weeks

CRYOTHERAPY X 14 days

PROM @ Elbow & Forearm - NO isolated BICEPS contraction/lifting x 6 weeks

NO PULLEYS unless noted by MD (and then with elbow passively flexed to 60°)

No repetitive ER/IR (places too much stress at repair)

No Active Motion until 6 weeks post-op

No Strengthening or Isometrics until 12 weeks post-op

### ROM LIMITS

Sling for 6 weeks (unless otherwise noted by MD)

AROM of wrist & hand

Soft tissue modalities to axilla, pec major/minor for pain/swelling prn

Initiate pre-setting of scapula and scapular stabilizers for posture re-education

Include scapular retraction/posture/shrugs/scapular clocks

**Shoulder PROM** only: Focus on Passive Supine Forward Elevation in first 6 weeks as well as pendulums

Week 0-2 (Avoid EXTENSION & ABDUCTION)

**FLEXION:** Up to 60°

**ELEVATION:** Up to 60° in scapular plane

**ER:** Up to 0° MAXIMUM (Peel-Back Mechanism)

**IR:** Up to 45° maximum in scapular plane with elevation to 60°

Week 3-4 (Avoid EXTENSION & ABDUCTION WITH ER ROM)

**FLEXION:** Up to 60°

**ABDUCTION:** Up to 60° with UE IR (Peel-Back Mechanism)

**ER:** Up to 30° in scapular plane with elevation up to 60°. AVOID AROM ER

**IR:** Up to 60° in scapular plane with elevation up to 60°

Week 5-6 - Gradually improve PROM & Progress:

**FLEXION:** Up to 120°

**ABDUCTION:** Up to 60° with UE IR (Peel-Back Mechanism)

**ER:** Up to 50° in scapular plane with elevation up to 60°. AVOID AROM ER

**IR:** Up to 60° in scapular plane with elevation up to 60°

Initiate light posterior capsular stretching (Horizontal adduction below 90° elevation)

Continue to work on scapular pre-setting for posture re-education

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POST-OP REHAB PROTOCOLS



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## PHASE 2: WEEKS 7-12 (MODERATE PROTECTION PHASE)

D/C sling

Allow use of operative extremity for light ADLs. **NO LIFTING**

Gradually progress to AROM: Straight plane movements

Weeks 7-9:

**FLEXION:** Up to 180°

**ABDUCTION:** Up with UE ER to tolerance

**ER:** Up to 90° at 90 abduction

**IR:** Up to 70° at 90 abduction

Begin extension A/PROM and begin Biceps AROM

Begin light pain-free isometrics for shoulder musculature (ABD, ER/IR, Extension with UE @ side allowed)

No biceps, forward flexion or elevation isometrics

Weeks 10-12:

Progress ROM to functional demands of patient (i.e overhead athlete; combined movements)

Progress ER to thrower's motion: ER up to 115° at 90° abduction

## PHASE 3: WEEKS 13-20 (MINIMAL PROTECTION PHASE)

Weeks 13-16:

Initiate Isotonic strengthening program with progressive strengthening of rotator cuff and scapular stabilizers

Begin Biceps sub-maximal Isometrics then progress to Isotonic strengthening of Biceps as well as supination exercises

Start light shoulder and UE strengthening (No < 5 lbs)

Continue all stretching and maintain thrower's motion (ER)

Initiate weights for RC strengthening as well as serratus, mid/low trap, bi/triceps

T-Band IR and ER @ side

Restricted sports activities (light swimming, half golf swings)

Independent shoulder stretches and light plyometric program

Weeks 17-20:

Initiate interval throwing program on level ground



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## **PHASE 4: WEEKS 21-26 (ADVANCED STRENGTHENING)**

Initiate T-Band ER/IR at 90 Abduction (slow/fast sets)

Continue strengthening program to progress endurance

Progress Interval throwing program and/or initiate Sports-specific drills (including long-toss)

## **PHASE 5: MONTHS 6-9 (RETURN TO SPORT)**

Advanced interval throwing program from pitcher's mound

Continue/advance sports-specific drills

# SLAP REPAIR POST-OP PROTOCOL

## EXERCISES

### EXERCISES PHASE 1

#### 1) Passive Supine Flexion/Forward Elevation:

Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress to 120°. Then full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 2-3 times/day



#### 2) Passive Pendulum Exercise:

Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated

#### 3) Passive Elbow Flexion/Extension:

While standing or sitting, use non-op hand to bend & straighten elbow. Repeat 10 reps, 2-3 times/day



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While standing or sitting, use non-op hand to bend & straighten elbow. Repeat 10 reps, 2-3 times/day

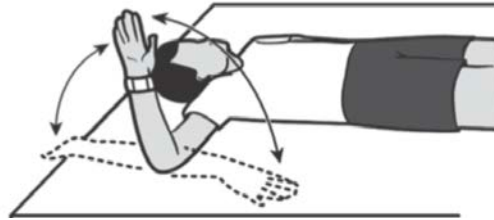


# SLAP REPAIR POST-OP PROTOCOL

## EXERCISES

### EXERCISES PHASE 2

**1) Active external rotation (NO Weight):** Lie supine or on non-op side. With elbow bent to 90, rotate upper arm up and down (per guidelines). Repeat 5-10 reps, 2-3 times/day



**2) Posterior Capsular Stretch:** Gently reach across body. Use other hand to pull elbow further across and hold for 10-20 seconds, 1-2 times/day

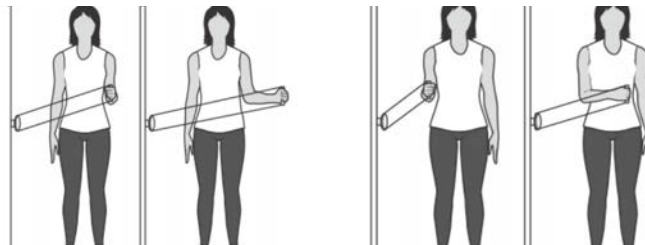


**3) Wall Climb Abduction:** Stand with shoulders flush with doorway. Use thumb & fingers to climb sideways up wall as high as possible. Do 10-20 reps, 2-3 times/day



### EXERCISES: PHASE 3

**1) Theraband ER and IR:** Secure knotted band in a door and grasp with hand. Keeping elbow bent, and in at side, pull band towards stomach, followed by pulling out with hand. Do 10-20 reps, 1-2 times/day



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