

### **SLAP repair protocol**

\*\*The following is an outlined progression for rehabilitation following surgery. The following are suggested time frames for progression. Proper progression through the phases of rehabilitation should be based on the individual case (i.e. age, patient history, activity level, etc.). The advice of Dr. Young and/or Jake, along with clinical judgment by the physical therapist should be utilized when necessary. \*\*

#### **Phase I (Weeks 0 -4)**

##### **Goals:**

- Control Pain and Swelling
- Protect the anatomic repair
- Promote dynamic stability
- Restore Passive Range of Motion
- D/C sling at approximately 2 weeks post-op.

##### **Precautions:**

- Avoid any active overhead motion or motion behind your back
- Do not lift anything with the surgical arm.
- Avoid early PROM with shoulder extension or external rotation.
- **Avoid any active motion or any stress on the biceps muscle**

##### **Recommended Exercises:**

- Stationary bike or recumbent bike for overall cardiovascular endurance
- Core strengthening and lower extremity strengthening
- Modalities PRN
- Supine Passive ROM: Flexion, scaption, internal rotation
- Pendulum Exercises
- Standing Scapular Mobility (no resistance)
- Sub-maximal shoulder isometrics
- Ball Squeeze (grip strength)
- Cervical ROM
- Elbow (avoid active elbow flexion), wrist, hand ROM
- Can progress from Passive and gentle active assistive ROM
- No AROM, external rotation, shoulder extension or shoulder abduction

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**Phase II (Weeks 4 - 8)**

**Goals:**

- Continued protection of the surgical site
- Continue to improve ROM
- Initiate gentle periscapular and rotator cuff strengthening
- Begin using your arm for daily activities (nothing overhead or behind your back)

**Precautions:**

- Use caution with any overhead motion - no lifting any weight overhead
- Avoid heavy lifting or carrying any objects with the surgical shoulder
- Sport sports activity
- **Avoid heavy stress/forceful biceps contraction**
- **Avoid excessive shoulder extension**

**Recommended Exercises:**

- Continue with PROM, progressing to AAROM
- Progress ROM and initiate AROM at approximately 4 weeks. Can begin active elbow ROM
- Continue with exercises from Phase I
- Internal Rotation Strengthening (arm in neutral)
- Initiate gentle External Rotation (arm in the neutral)
- Rowing
- Prone Extension
- Prone Horizontal Abduction
- Standing/Prone Scaption
- Dynamic Strengthening
- Initiate gentle proprioceptive drills
- Rhythmic stabilization exercises
- Posterior Capsular Stretching

**Criteria to enter phase III:**

- Full pain-free ROM
- Adequate shoulder stability
- Progressing with strength training

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### **Phase III (Weeks 8 - 12)**

#### **Goals:**

- Continue to maintain normal ROM
- Progress with strengthening of the rotator cuff and periscapular muscle groups
- Improve muscular strength, power and endurance
- Begin to use arm for daily activities in all planes
- Gradually initiate functional activities (no earlier than 10 weeks)
- May initiate gentle biceps/elbow flexion activities

#### **Precautions:**

- No lifting away from your body or overhead greater than 1 - 2 pounds
- Stop activity if it causes pain in the shoulder

#### **Recommended Exercises:**

- Stationary bike or recumbent bike for cardiovascular endurance
- Continue with core exercises
- May initiate walk to jog program at 8-10 weeks if patient is pain free, full AROM and has initiated strengthening exercises. Progression to normal running routine (if the patient is an athlete or runner).
- Continue ROM exercises from phase 2
- Gentle upper extremity stretching (external rotation stretching)
- Gentle sidelying internal rotation stretch ("sleeper stretch") - avoid impingement
- Progress to closed chain exercises.
- Continue to progress with rhythmic stabilization exercises
- Continue to progress with dynamic strengthening exercises
- Continue to progress with proprioception exercises (stay below 90 degrees)
- Assure normal scapula-humeral rhythm while performing the strengthening exercises.

### **Phase IV (Weeks 12 - 16)**

#### **Goals:**

- Maintain normal ROM
- Progression with functional activities and activities of daily living
- Pain free progression of strengthening exercises
- Sport specific activities towards the end of Phase IV - if progressing well.
- No live contact drills.

**Recommended Exercises:**

- Continue ROM and stretching exercises
- Continue to progress with all exercises from phase 3
- Continue with cardiovascular endurance, core training, lower extremity strengthening
- Initiate Push-up progression beginning with wall push-ups

**Phase V (Weeks 16 - 24)**

**Goals:**

- Maintain full AROM
- Strength, power and endurance progression
- Return to sport progressions pending clearance by Dr. Young
- Pain free activity

**Recommended Exercises:**

- Continue ROM and stretching exercises
- Continue to progress with all exercises from phase 4
- Fundamental throwing exercises (if applicable)
- Initiate light plyometrics
- Gradual incorporation back to weight room exercises (if applicable)
- Initiate light swimming, return to golfing activities, tennis activities (avoid overhead serving until at least 20 weeks and cleared by Dr. Young. Return to contact sports pending clearance by Dr. Young)