COMPREHENSIVE ORTHOPAEDICS

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COMPREHENSIVE PHYSICAL THERAPY

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SLAP Repair
Post-Operative Protocol

Phase I- Maximum Protection
Weeks 0 to 2:

- Wear sling at all times
- No GHJ range of motion for 2 weeks

Goals
- Reduce pain and inflammation
- Protect repair
- Postural education

Exercise progression
- No GHJ ROM x 2 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM (gripping exercises)
- Elbow flexion PROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase II- Passive Range of Motion
Weeks 2 to 4:

- Wear sling at all times
- Initiate PROM at shoulder at 2 weeks
  - No shoulder extension with elbow extension
  - No external rotation at 90 degrees abduction

Goals
- Postural education with cervical spine and neutral scapular positioning
- Shoulder PROM:
  - Flexion to 120 degrees by week 4
  - Abduction and scaption to 90 degrees by week 4
  - Internal rotation 0-30 degrees at 45 degrees abduction by week 4
  - External rotation 0-30 degrees at 45 degrees abduction by week 4

Manual therapy
- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex

Exercise progression
- PROM shoulder exercises
- AAROM/AROM exercises of wrist/hand and elbow
- DNF and proper postural positioning with shoulder retraction
- Shoulder pendulums
- Low to moderate intensity cardiovascular work (walking or stationary bike)

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Phase III- Active/Active Range of Motion
Weeks 4 to 6:

- Discontinue sling at 4 weeks
- Continue PROM
- Initiate AAROM and AROM at shoulder
- Initiate submaximal isometrics

Goals
- Shoulder PROM:
  - Progress ROM as tolerated in all directions

Manual therapy
- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex
- Sub-maximal therapist directed isometrics in all directions

Exercise progression
- AAROM and AROM exercises- cane, pulleys, etc.
- Manual perturbations with arm at 90 degrees flexion and ER/IR in neutral
- Initiate posterior capsular stretching at 4 weeks
- Serratus activation
- Scapular strengthening- prone scapular series (rows)
- Submaximal isometrics in all directions (painfree)
- Sidelying external rotation with no weight
- Low to moderate intensity cardiovascular work
- Modified lower body exercises (no weight through upper extremities)

Phase IV- Progressing Range of Motion and Strengthening
Weeks 6 to 12:

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Begin light resistive exercises

Goals
- Shoulder PROM full in all directions by week 10

Manual therapy
- PROM and mobilizations to progress ROM
- Manual perturbations in supine with arm in 90 degrees flexion and ER/IR at neutral
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening- bilateral progressing to unilateral/tripod position

Exercise progression
- Initiate UE bike
- Initiate light strengthening, including biceps, at 6 weeks
  - Avoid positions that stress anterior capsule
  - Biceps strengthening- slowly progress load
- Progress serratus punches and prone series by adding resistance as tolerated
- Progress PNF patterns to standing with protected end range of 90/90
- Initiate closed kinetic chain progression with ½ to ¾ range of motion protecting anterior shoulder capsule
- Progress shoulder exercises to prepare for plyometrics
- Able to progress to elliptical for cardiovascular health at 6 weeks
- Able to progress to running at 8 weeks per tolerance

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Phase V- Advanced Strengthening and Plyometric Drills

Weeks 12 to 24:

- Full ROM with protection at end range 90/90
- Initiate plyometric drills at 12 weeks post op
- Initiate overhead throwing program at 4 months post op
- Follow up examination with physician at 6 months for release to full activity

Goals
- Full range of motion with protection at end range 90/90
- Advance gym strengthening program
- Initiate plyometric exercises at 12 weeks
- Initiate interval throwing program for athletes at 4 months

Manual therapy
- STM and joint mobilization to glenohumeral, scapulothoracic and cervicothoracic as needed
- Manual perturbations
- PNF patterns

Exercise progression
- Full ROM in all planes with protected end range 90/90
- Progress rotator cuff and scapular strengthening program
- Advance gym strengthening program maintaining anterior shoulder precautions
- Initiate pressing and chest fly exercises at 16 weeks maintaining anterior shoulder precautions
- Initiate plyometric and rebounder drills progressing to 1-hand drills by week 16

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval program

Anticipated return to sports:

- 4.5-6 months for contact athlete
- 6-9 months for throwing athlete, swimmer or volleyball player

Revised ***