

Dr. Preston Wolin

SLAP Repair Protocol

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Please call 773.248.4150 with any questions, or if patient is not progressing

- Phase I (Immediate Post-Surgical Phase)
 - Goals
 - Maintain integrity of the repair
 - Gradually increase PROM
 - Diminish pain and inflammation
 - Prevent muscular inhibition
 - Week 0-2
 - Sling donned at all times
 - Continue to sleep in sling
 - AAROM/PROM
 - Flexion to 120 deg
 - Abduction to 90 deg
 - ER/IR in scapular plane
 - ER to 30 deg
 - IR to 30 deg
 - Exercises
 - Pendulum 4-8x daily (flexion, circles)
 - Scapular retraction (no resistance)
 - Elbow/hand gripping & ROM exercises
 - Isometrics (submaximal & painfree)
 - Flexion
 - Abduction
 - ER
 - IR
 - Elbow flexors
 - Cryotherapy for pain and inflammation: ice 15-20 minutes every hour
 - NO ACTIVE ER OR ABDUCTION
 - NO ISOLATED BICEP CONTRACTION
 - Week 3-4
 - Sling
 - Discontinue daytime use at day 14
 - Continue to wear during sleep 0-4 weeks

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- Exercises
 - Continue pendulum exercises
 - Continue elbow/hand ROM & gripping exercises
 - Continue isometrics (HEP)
 - Flexion with bent elbow
 - Extension with bent elbow
 - Abduction with bent elbow
 - ER/IR with arm in scapular plane
 - Elbow flexion
 - Continue with scapular retraction exercise (tubing)
 - UBE at low resistance
 - Bicep curls (no resistance)
 - AAROM exercises (t-bar)
 - ER/IR in scapular plane
 - Flexion to tolerance
 - Initiate active exercise
 - Prone rowing
 - Elbow flexion
 - ER/IR tubing @ 0 deg ABD (if patient exhibits necessary AROM)
 - Manual therapy
 - Glenohumeral joint mobilization: grade I/II for pain
 - Progress PROM to tolerance
 - Flexion to 180 deg
 - Abduction to 180 deg
 - ER @ 90 deg ABD: 0-90 deg
 - IR @ 90 deg ABD: 0-70 deg
 - Patient should exhibit full passive range of motion, nearing full AROM
 - Continue use of ice for pain control
 - Precautions
 - No lifting of objects
 - No excessive shoulder motion behind back
 - No excessive stretching or sudden movements
 - No supporting of body weight by hands
- Phase II
 - Goals
 - Allow healing of soft tissue

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- Do not overstress healing tissue
 - Gradually restore full PROM (week 3-4)
 - Re-establish dynamic shoulder stability
 - Decrease pain & inflammation
 - Full PROM by 6 weeks
 - Week 5-8
 - ROM
 - Patient should exhibit full PROM
 - Patient should exhibit full AROM
 - Exercises
 - Continue AAROM, stretching, and all exercises listed above
 - Initiate scapular muscular strengthening program
 - Prone thumbs up and down
 - Low traps
 - Initiate sidelying ER strengthening (light dumbbell)
 - Progress isotonic strengthening exercise program (light weights)
 - ER tubing
 - Sidelying ER
 - Prone rowing
 - Prone horizontal abduction
 - Shoulder flexion (scapular plane)
 - Shoulder abduction
 - May use pool for light ROM exercises
 - Continue use of ice as needed
 - **At week 6-8: if patient continues to have difficulties with full AROM, may initiate prone shoulder flexion stretch 10 minutes**
 - Precautions
 - No heavy lifting of objects
 - No supporting of body weight by hands and arms
 - No sudden jerking motions
- Phase III
 - Week 9-16
 - Exercises
 - Progress with above exercises as tolerated
 - Begin bicep curls with weights
 - Progress shoulder strengthening exercises
 - Start easy throwing program at week 12

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- Theraband PRE's
 - Progress to heavier resistance
 - Pulling apart
 - Front
 - Shoulder level
 - Overhead
 - Behind
 - Shrugs
 - ER/IR
 - Mid and low traps
- Week 17-24
 - Exercises
 - Continue to progress with weights
 - Continue to maintain strength
 - Progress to interval sports program
- Phase IV (Return to Activity): 6-9 Months
 - Goals
 - Gradual return to strenuous work activities
 - Gradual return to recreational sport activities
 - Continue fundamental shoulder exercise program (at least 4 times weekly)
 - Continue Stretching, if motion is tight
 - Continue progression to sport participation