

SLAP Repair

Postoperative Shoulder Protocol

Basic Guidelines

1. Scapular control should be the primary focus!
2. Sling is worn 3-4 weeks, Immobilizer at night - avoid internal rotation position.
3. Avoid lifting with the operated arm.
4. Limit elevation to 90° for 3 weeks (AROM & AAROM).
5. ROM work done with elbow bent to avoid traction on biceps.
6. Elevation in scapular plane or forward flexion.
7. Avoid horizontal abduction. Avoid internal rotation in posterior SLAP repairs.
8. External rotation to 45° in scapular plane after 2 weeks.
9. The sequence of progression is more important than the time of progression

Acute Phase (0 to 4 weeks postoperative)

RANGE OF MOTION

- Sling during day, immobilizer @ night in the neutral position (scaption)
- AAROM in scaption/FF up to 90° with elbow @ 90° with good scapular control
- Closed chain bowing & pendulums with elbow @ 90°
- Passive towel slides or chair roll in scaption, FF & ABD
- ER in ADD to neutral and 45° in scaption
- Elbow & wrist flexion/extension
- Codman's for shower to wash axilla
- Soft tissue work by PT (especially anterior structures, thoracic mobilization, and postural education)
- OK to use hand from eyes to thighs

STRENGTH

- Focus on correct scapular position, may have to manually cue patient
- Sternal lift, scapular squeeze (retraction/depression) and scapular clocks
- Lawnmower starts
- Basic lumbopelvic and core strengthening (step-ups, lunges, grid lunges, etc in sling)
- Gentle active humeral head depression (ball/table)
- Isometric extension (low row)

CARDIOVASCULAR

- Treadmill, recumbent bike, stair master and elliptical trainer with sling

Recovery Phase (4 to 8 weeks postoperative)

RANGE OF MOTION

- Discontinue sling @ 4 weeks except for crowds/school
- AAROM/AROM for FF & scaption, ER in scaption
- Towel slides & closed chain bowing with trunk rotation (FF, ABD, scaption, horizontal ABD & ADD)
- Pendulums

- Swiss ball rolls, advance to ball/wall rolls
- Assisted wall slides

STRENGTH

- Continue & progress scapular stabilization program
- Advance kinetic chain strengthening. Adding reach & punch in FF & scaption with lunges (Fencing)
- Closed chain inferior humeral head glide @ 90°
- Ball table rolls to ball wall rolls
- Weight bearing table rocking (weight shifts: lateral, forward, back, diagonals)
- Bilateral rubber tubing in ER with cervical spine in neutral
- One arm pull downs with tubing
- Isometric low row, rowing and lawnmowers all with tubing
- Standing pivot prone and prone pivot prone (robbery)
- Scapular and short range GH PNF patterns
- Wall walks
- Closed chain scapular retraction push up wall/table
- Closed chain wall slides forearms on wall
- Isometric wall angels in scaption @ 30/60/90°

CARDIOVASCULAR

- Same as protective phase without sling as tolerated

Functional Phase (8 to 12 weeks postoperative)

RANGE OF MOTION

- Reestablish normal scapulohumeral rhythm in all planes
- AROM/AAROM in all planes to regain full ROM
- Prayer stretch
- Passive stretch: especially pecs, lats, IR, ER
- Increased soft tissue work prn (pecs, lats, subscap)
- Joint mobilization prn
- Posterior capsule/cuff stretch prn (GIRD sleeper stretch)
- Wall washes

STRENGTH

- Scapular control optimized
- Progress full kinetic chain lumbopelvic/scapulothoracic/glenohumeral program.
- Reverse corner push-ups below 90° elevation
- Closed chain scapular retraction in push up position from table to floor
- Lat pull downs progress from tubing to weights
- Weight shifting: all 4's to floor progression
- Closed chain perturbations
- Side lying ER, prone ER
- Flexion and scaption raises
- Full range PNF patterns
- PNF patterns with theraband (stand, sit, prone on swiss ball)
- Seated rows with hip and lumbar flexion
- Pail dumps
- Add core stabilization to standing exercises & progress single leg → 2 legs on bubble → 1 leg on bubble

CARDIOVASCULAR

- Progress to impact (jogging @ 3 months)
- Cross country ski machine
- Swim @ 3 months if ROM and scapular mechanics are normal

Performance Phase (12-24 weeks postoperative)

RANGE OF MOTION

- ROM should be full or near full
- Soft tissue work, joint mobilizations, stretching prn
- Corner stretch, doorway stretch, GIRD side lying posterior capsule @ 70/90/120° elevation prn

STRENGTH

- Weight shifting: floor progression
- Single arm rows & pull down progression-rotation to same side, hip/knee flexion to same side, hip/knee flexion/rotation to same side, 2 legs on bubble→ 1 leg on bubble
- Push up progression (Table→floor on knees→floor on toes→abdominals on swiss ball→thighs on swiss ball→ ankles on swiss ball)
- Swiss ball weight shifting
- Swiss ball walk outs on hands progression
- Bilateral ER with theraband weight bearing on elbows
- Bilateral rows & pull downs
- Iron cross & snatch with theraband
- Add weights to step up, step down, lunge with reach and punch series
- Add weights to cuff specific exercises
- Mock throwing or tennis strokes→ to theraband→to weights
- Plyoball progression
- Ball bounce on wall→single & double arm
- Open chain perturbations
- Sport or work specific drills for endurance, quickness, agility, strength, and power
- Sport specific movement patterns (ex: swimmers prone, divers with swiss ball overhead against ceiling, step down/lunge series)