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Arthroscopic SLAP Repair

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1-2x/week HEP daily	Edema and pain control Protect surgical repair Sling immobilization FF 90°, ER 20°	Sling except shower & exercises Max FF 90°, ER 20° Support elbow during exercises to limit stress on repair	Elbow, wrist, hand ROM, grip AA/PROM FF plane scapula 90° AA/PROM ER 20° arm at side Sidelying scapular stabilization Submaximal deltoid & cuff isometrics
Weeks 4-8 PT 2-3x/week HEP daily	Protect surgical repair FF 145°, ER 60° Improve IR & ER strength Scapulohumeral rhythm	Sling except shower & exercises DC sling at 6 weeks No ER >30° until 6 weeks No backward extension Avoid cuff inflammation	AAROM FF and ER Scapular stabilization Begin pulleys Hydrotherapy Scapular strengthening in protected arcs Humeral head stabilization exercises IR & ER isometrics Begin isotonic IR & ER at 6 weeks Posture training
Weeks 8-12 PT 2-3x/week HEP daily	Full ROM Scapulohumeral rhythm Restore strength 5/5	No sling Avoid painful ADL's Avoid rotator cuff inflammation	A/AA/PROM no limits Rotator cuff/periscapular stabilization Humeral head rhythmic stabilization Scapular stabilization/latissimus strength Upper body ergometry (UBE) Isokinetic training
Weeks 12-18 PT 1x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	No sling Avoid painful activities OK to cycle/run at 12 weeks Pain free plyometrics No contact/racket/throwing sports	Advance UE strengthening as tolerated Begin plyometrics Sport specific activities Throwing/racquet program 4-5 months
Weeks 18+ HEP daily	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance