OSF HEALTHCARE

ARTHROSCOPIC SLAP REPAIR

Postop	Goals	Precautions	Exercises
Weeks 0-4 PT 1-2x per week HEP daily	Edema and pain control. Protect surgical site Sling immobilization per MD PROM within precautions.	Sling except exercises & shower. ROM limits: Flexion/scaption: to 90 0-2 weeks ER to 15 deg. IR at side 45 deg. 2-4 weeks ER at side 30 deg. IR at side 60 deg. Abduction to 80 deg. All in scapular plane No excessive shoulder extension Support elbow during exercises to limit stress on repair	Scapular ROM-retraction, shrugs Side lying scapular stabilization Pendulums PROM within limits. Avoid ROM past discomfort Education to avoid exceeding ROM limits even if they are performed pain free
Weeks 4-8 PT 1-2x per week HEP daily	Edema and pain control Improve ROM within precautions	Discharge sling as able per MD (4-6 weeks based on simple or complex case) ROM limits: Flexion/scaption: 145 deg. ER at side: 45 deg after 6 weeks 60 deg after 8 weeks IR to 60 after 4 weeks At 6 weeks gently progress to ER at 90 deg abduction Must have good scapular control with active ROM and strengthening Be cautious with progression of ER ROM	Scapular ROM Begin pulleys PROM/AAROM within limits. Supine/standing flexion, horizontal adduction, hand behind head ER, side lying IR side lying ER Standing scaption Prone row Prone extension Prone scaption Submaximal rotator cuff isometrics at 4 weeks Isotonic at 6 weeks T-Band IR/ER Posterior capsule stretch

Weeks 8-12 PT 1-2x per week HEP daily	Improve ROM Progressive strength training	Gradually progress to Full passive ROM No heavy or repetitive overhead lifting/reaching Dynamic progressions if pain free/full ROM with all ROM and strengthening exercises Closed chain exercise ok, caution with "down" position of pushup Avoid RTC inflammation	A/AA/PROM-no limits Continue with phase 2 stretches UBE Strengthening (dumbbell/t-band) 5# maximum Row Prone extension prone horizontal abduction Standing/Prone scaption IR/ER "W" Bicep curl Dynamic progressions Rhythmic Stabilization Proprioceptive Drills Resistance training with minimal discomfort, elevation in scapular plane prior to pure flexion or abduction. Low weight, high reps. No plyometric or high-speed movements.
Weeks 12-18 PT 1x per week HEP daily **Weeks 18+**	ROM WNL Progress strength training and sport specific training Return to play	Ensure normal strength and ROM prior to sport specific activity training. Avoid extremes of ROM. Ensure normal strength and ROM prior to sport specific activity/training. No restrictions Return to sport (MD directed)	

Degrees= deg.

Protocol designed to indicate full weeks completed, i.e. 4 weeks means end of the 4th week, not beginning of 4th week

For bony repair, recurrent remplissage, global hypermobility or complex cases modify the following:

*-maintain sling except shoulder and exercise through protocol week 6

*-No ROM until week 3 then resume ROM limits, no painful ROM

*-No submaximal isometrics until week 6

*-Anticipate slower ROM progression

Physician-Specific

Scheduling decision tree: When to begin therapy

- Schedule within 7-10 days

  OR

- As Otherwise indicated in the patient's referral

Typical Schedule of follow-up visits with physician after surgery:

Dr. Below: 1, 6, 12, and 18 weeks

Typical Medications:

TED hose:

Dr. Below: 3 weeks

Dressings:

Dr. Below: Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)

Telehealth: