



## ARTHROSCOPIC SLAP REPAIR

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

<b>Weeks 8-12</b>	Improve ROM	Gradually progress to Full passive ROM	A/AA/PROM-no limits
PT 1-2x per week	Progressive strength training	No heavy or repetitive overhead lifting/reaching	Continue with phase 2 stretches UBE
HEP daily		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	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.
<b>Weeks 12-18</b>	ROM WNL	Ensure normal strength and ROM prior to sport specific activity training.	
PT 1x per week	Progress strength training and sport specific training		
HEP daily		Avoid extremes of ROM.  Ensure normal strength and ROM prior to sport specific activity/training.	
<b>Weeks 18+</b>	Return to play	No restrictions  Return to sport (MD directed)	

Degrees= deg.

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

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

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

### TED hose:

Dr. Below: 3 weeks

### Dressings:

Dr. Below: 1 day then shower only