MOUNTAIN
ORTHOPAEDICS

SLAP REPAIR Physical Therapy Protocols*

WEEK 1-4

- PASSIVE RANGE OF MOTION: Shoulder elevation in the plane of the scapula; external rotation as tolerated, unless otherwise specified by M.D. (Usually most comfortable in a seated position)

- Instruct patient in various alternative SLEEPING POSITIONS for early, painful stages (i.e. Recliner, head elevated in bed, pillow under elbow and behind scapula)

- If the shoulder becomes more painful DO NOT push through it or progress further until symptoms resolve.

- If HOME INSTRUCTION is given to spouse or other person living at home with patient, they should be able to demonstrate proper technique in any passive home exercises they will provide.

- ACTIVE MOTIONS Allowed: (out of sling four times daily)
  - Elbow flexion (NO RESISTANCE!) / extension
  - Hand squeezes (can use nerf ball, Theraputty, rolled wash cloth and etc.)
  - Scapular protraction retraction and elevation depression (shrugs)

- ISOMETRICS to all rotator cuff muscles; avoid biceps resistance

- Appropriate AEROBIC EXERCISE, as tolerated such as stationary bicycle without use of operated arm. Avoid bouncing activities such as jogging until 12 weeks post op.

- SLING / PILLOW / IMMOBILIZER: full time, except as above.

- N.B. If swelling noted in elbow / hand / wrist encourage more time out of sling with elbow straight, while sitting.

- GOALS:
  - Sleep without waking due to pain
  - Passive Elevation 150 (progress to full elevation as tolerated)
  - Passive External Rotation 40 (unless otherwise specified by M.D.)

- Clinic visit frequency during this early stage should be limited as much as possible, depending on patient progress with PROM and pain. (Goal - 3-4 visits over the first 4 weeks). This may need to be adjusted if abnormal stiffness develops. If so, contact surgeon.

- Remember anatomy; Biceps anchor is the glenoid labrum. Protect and avoid biceps resistance stress to this structure. This includes active / resisted shoulder flexion.

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WEEK 5

- ACTIVE ASSISTED MOTIONS:

- VARIABLE POSITION ISOMETRICS in supine and/or sitting (should be comfortable and well controlled by P.T.) NO BICEPS RESISTANCE

- CLOSED CHAIN JOINT APPROXIMATION activities to elicit co-contraction around the GH joint. (Can be performed in standing and quadruped positions, as tolerated)

- TENDON RETRAINING (high repetition movements and eccentrics)

- GOALS
  - Full PASSIVE ROM in all planes (some patients may develop excessive tightness and may require more hands-on stretching and joint mobilization in combination with aggressive home stretches. If excessive pain or tightness is observed contact M.D.)
  - Discontinue sling and swath after 4 weeks (unless M.D. instructs otherwise)

WEEK 6

- Transition to ACTIVE ROM in a controlled environment. (This is a very critical stage and patients will need close monitoring to avoid exacerbation of shoulder pain.)

- Continue with TENDON RETRAINING (from active assisted to active high repetition movements) NO BICEPS RESISTANCE

- Treatment must be individualized based on patient progress and motor control ability

- Continue with aggressive stretching and joint mobilization if full motion has not been obtained. (Consider posterior capsular, pectoralis major and internal rotation stretches, as well as thoracic mobility)

- Include multi-planar, low load, long duration stretching as part of home program

- GOALS:
  - Able to reach overhead with minimal pain
  - Good gleno-humeral rhythm with minimal scapular winging and shoulder hiking

WEEK 7

- Initiate biceps resistance. Maintain gentle resistance for two weeks.
- Continue progressive cuff resistance within limits on biceps.

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WEEK 8-12

- Initiation of PROGRESSIVE RESISTANCE EXERCISES as tolerated. High repetitions and low loads.
- Exercises include isolated rotator cuff and functional movement patterns
- Exercise progression and dosage should be carefully managed to avoid aggravation of the healing tissues.
- May lift 5 lbs. maximum in all planes as tolerated.
- GOALS:
  - Able to most ADLs pain free
  - Sleep without waking due to pain
  - Able to lift, push and pull from 2-5 lbs. without pain and with good control.

WEEK 12-16

- May begin jogging but no sprinting.
- May lift 10 lbs. in all planes as tolerated.
- AVOID FULL STRESS OF THE SUPERIOR LABRUM AND BICEPS FOR FOUR MONTHS.
- Progress to functional home program, including stretches and resistance retraining
- Home programs should be specific for demands of work and sports
- 1-2 visits may be saved for follow up.

WEEK 17-24

- Return to sports with surgeon's ok depending on strength, ROM, and security of repair.
- Return is gauged on a case-by-case basis. Most patients allowed full return to sports by 4 -6 months.
- Throwing sports: begin short toss at 4 months, medium toss at 5 months, long toss advance to throwing beginning at 6 months.
- Racket sports: baseline only, underhand at 4 months. Serving and overheads at 6 months.

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