

SLAP REPAIR

Weeks 1-2 post-op

- Patient in sling at all times except for showering
- Extensive education to advise patient against shoulder AROM, especially biceps activity. Education on proper sling use to support the elbow and cryotherapy as well.
- **NOTE: there will be no resisted elbow or shoulder flexion for 6 weeks**
- PROM flexion, scaption, and abduction to 90 degrees
- PROM/AAROM ER in scapular plane to 30 degrees
- AAROM flexion to 90 degrees in palm down position only so as not to engage biceps
- PROM/AAROM IR in scapular plane as tolerated
- Exercises to include
 - passive pendulum exercises
 - passive rope and pulley flexion/scaption in protected ranges
 - T-bar flexion (palm down) in protected range
 - T-bar ER in scapular plane in protected range
 - T-bar IR in scapular plane as tolerated

Weeks 3-4 post-op

- PROM shoulder flexion, scaption, and abduction to 125 degrees
- AAROM flexion to 125 degrees in palm down position only
- PROM/AAROM ER in scapular plane to 45 degrees
- Exercises to include:
 - all previously listed exercises in expanded ranges of motion
 - sub-maximal isometrics (IR, ER, abd, ext, add at 0 degrees abduction)
 - may initiate AROM ER and abd to 90 degrees in sidelying in week 4

Weeks 5-6 post-op

- PROM shoulder flexion, scaption, and abduction to 160 degrees
- PROM ER in scapular plane to 60 degrees
- AAROM in same planes listed above, flexion with palm down
- Exercises to include:
 - all previously listed exercises in expanded ranges of motion
 - may initiate AROM exercises in all planes
 - may gradually initiate light isotonic in all planes except elbow flexion and shoulder flexion
 - scapular strengthening exercises (rows, shrugs)

Weeks 7-8 post-op

- Goal is to achieve full PROM and AROM in all shoulder planes with normal glenohumeral and scapulothoracic mobility
- Goal is to improve active muscle recruitment
- May initiate PROM ER at 90/90, ROM to tolerance
- Exercises to include:
 - gradual progression of all previously listed exercises that are still necessary based on patients

individual progress

- May gradually initiate IR towel stretch
- May initiate UBE and other light resistive elbow flexion and shoulder flexion exercises
- May initiate exercises with resistive bands

Weeks 9-10 post-op

- Patient should be approaching discharge from physical therapy
- Goals should be full AROM and nearly full (functional) strength
- Patient will require education regarding continued strengthening exercises (written HEP) and education on not overloading the biceps (stress low weight, high repetitions vs. “maxing out” biceps at the gym).
- If patient is an athlete or has a goal of returning to high-level work-related activities, additional therapy may be required for full return to activity. See guidelines below for specific functional activities.
- Exercises to include:
 - progress ER/IR t-band exercises to scapular plane 90/90 position as tolerated
 - Progress all previously mentioned isotonic and resistive band exercises
 - At week 10, gradually initiate push-up program starting with standing wall push-ups and progress to a prone push-ups as tolerated
 - At week 10-11, may initiate chest-pass plyometrics, gradually progressing to overhead and diagonal passes.
 - At week 10-11, may initiate resistive band D2 flexion and extension
 - At weeks 11-12, may gradually initiate submaximal single arm throwing or simulated overhead serve with a lightweight ball (a small beach ball is recommended) and progress to sport specific ball as tolerated.