Arthroscopic SLAP Repair Rehabilitation Protocol:

The intent of this protocol is to provide the therapist and patient with guidelines for the postoperative rehabilitation course after arthroscopic SLAP repair. This protocol is based on a review of the best available scientific studies regarding shoulder rehabilitation. It is by no means intended to serve as a substitute for one's clinical decision making regarding the progression of a patient's post-operative course. It should serve as a guideline based on the individual's physical exam findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a post-operative patient they should consult with Dr. Shah.

Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I - Immediate Post Surgical (Weeks 1-4):,

Goals: Maintain / protect integrity of repair
Gradually increase passive range of motion
(PROM) Diminish pain and inflammation
Prevent muscular inhibition
Become independent with activities of daily living with modifications

Precautions:
Maintain arm in abduction sling / brace, remove only for exercise
No active range of motion (AROM) of shoulder
No abduction and external rotation
No lifting of objects
No shoulder motion behind back
No excessive stretching or sudden movements No supporting of any weight
No lifting of body weight by hands
Keep incision clean and dry

Criteria for progression to the next phase (II):
Passive forward flexion to at least 125 degrees
Passive external rotation (ER) in scapular plane to at least 25 degrees
Passive internal rotation (IR) in scapular plane to at least 75 degrees
Passive Abduction to at least 90 degrees in the scapular plane

DAYS 1 TO 6:

- Abduction brace/sling
- Pendulum exercises
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM
- Cryotherapy for pain and inflammation -Day 1-2: as much as possible (20 minutes of every hour)

-Day 3-6: post activity, or for pain

- Sleeping in abduction sling
- Patient Education: posture, joint protection, positioning, hygiene, etc..

DAYS 7 TO 28:

- Continue use of abduction sling / brace
- Pendulum exercises
- Begin passive ROM to tolerance (these should be done supine and should be pain free)
  - Flexion to 90 degrees
  - ER to 20 degrees only with the arm at the side
  - IR to body/chest
    - Continue Elbow, wrist, and finger AROM / resisted
    - Cryotherapy as needed for pain control and inflammation
    - May resume general conditioning program - walking, stationary bicycle, etc..
    - Aquatherapy / pool therapy may begin at 3 weeks postop

Phase II - Protection / Active motion (weeks 4 - 6):

Goals: Allow healing of soft tissue
Do not overstress healing tissue
Gradually restore full passive ROM (week 4-6) Decrease pain and inflammation

Precautions:
No lifting
No supporting of body weight by hands and arms
No sudden jerking motions
No excessive behind the back movements
Avoid upper extremity bike or upper extremity ergometer at all times.

Criteria for progression to the next phase (III):
Full active range of motion

WEEK 4-6:

- Continue use of sling/brace full time until end of week 4
- Between weeks 4 and 6 may use sling/brace for comfort only Discontinue sling/ brace at end of week 6
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM until approximately Full ROM at Week 4-6.
  -Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light active ROM exercises

- Ice after exercise

Phase III - Early strengthening (weeks 6-12):

Goals: Full active ROM (week 10-12)
Maintain full passive ROM
Dynamic shoulder stability
Gradual restoration of shoulder strength, power, and endurance
Optimize neuromuscular control
Gradual return to functional activities

Precautions:
No heavy lifting of objects (no heavier than 5 lbs.)
No sudden lifting or pushing activities
No sudden jerking motions
No overhead lifting

Criteria for progression to the next phase (IV):
Able to tolerate the progression to low-level functional activities
Demonstrates return of strength/dynamic shoulder stability
Re-establish dynamic shoulder stability
Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

WEEK 6 - 12:

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate strengthening program
  - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
  - ER side-lying (lateral decubitus)
  - Lateral raises*
  - Full can in scapular plane* (avoid empty can abduction exercises at all times)
  - Prone rowing
  - Prone horizontal abduction
  - Prone extension
  - Elbow flexion
  - Elbow extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises

WEEK 12:

- Continue all exercise listed above
- Initiate light functional activities as Dr. Shah permits

Phase IV - Advanced strengthening (12 weeks to 6 months):

Goals: Maintain full non-painful active ROM
Advance conditioning exercises for enhanced functional use
Improve muscular strength, power, and endurance
Gradual return to full functional activities

WEEK 16 - 20:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes), if doing well

WEEK 20 - 24:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e.. golf, doubles tennis, etc..), if appropriate.