



SLAP Repair Post-op Protocol
Rehab Guidelines

Dr. Adam V. Metzler

Sports Medicine and Trauma Orthopaedic Surgery

If you have any questions about this protocol or about the patient, do not hesitate to email Dr. Metzler at: ametzler@orthonky.com

Philosophy: This protocol is designed to serve as a guide for the clinician to rehabilitate a patient following SLAP repair procedures. Time frames allow for optimal healing, and should be used as criteria for advancement along with a patient's functional ability.

Phase I (0-6 weeks)- Protective

Goals

1. Protect repair; educate patient regarding post operative precautions
2. Begin limited PROM progressing to full at end of phase
3. Independent with home exercises
4. Decrease pain and inflammatory response

Precautions

1. **Wear sling at all times for 4 weeks except during therapy/HEP**
2. **No ER past 30 degrees or extension past neutral. No stretching for ER**
3. **PROM to 90 degrees only for flexion and abduction in scapular plane for 3 weeks**

Exercises:

Weeks 1-3

1. Initiate scapula retraction/ scapular awareness
2. PROM flexion and abduction in scapular plane 0-90 degrees; IR as tolerated. Avoid extension beyond neutral x 3 weeks
3. Initiate cervical spine, elbow, wrist, and hand AROM
4. Modalities as needed for pain control

Weeks 3-6

1. Progress to full PROM in all planes except ER
2. Initiate AAROM utilizing pulley, t-bar, table slides, etc
3. Manual scapular strengthening
4. Proprioception and kinesthetic awareness
5. Trunk stabilization
6. Aquatic exercises for AAROM, AROM

Phase II- Progressive strengthening

Goals

1. Eliminate shoulder pain
2. Achieve full ROM
3. Improve strength
4. Improve proprioception
5. Assure normal scapulohumeral rhythm

Precautions: Use exercise bands only for first 4 weeks of strengthening (no free weights).

Exercises:

Weeks 6-8

1. Continued PROM to WNLs
2. Initiate external rotation @ 90degrees of abduction as needed
3. Exercise band strengthening of scapula and shoulder
4. Light PNF; D1, D2 and manual
5. Closed chain exercise as tolerated
6. Initiate proprioception and kinesthetic awareness drills

Weeks 8-10

1. Full ROM (If not achieved then aggressive PROM for elevation and IR). If full motion then stretch PRN to maintain mobility
2. Aggressive scapula strengthening
3. Eccentric and concentric posterior cuff

Phase III- Functional return

Goals:

1. Full AROM in all planes
2. Minimal to no shoulder pain with moderate to demanding ADLs
3. Improved rotator cuff and scapulothoracic strength. May begin adding free weights to program as indicated.
4. Normal scapulohumeral rhythm with active motions

Precautions: No sports for 3-4 months and only released per MD discretion.

Exercises

Weeks 10-16

1. Continue stretching prn and strengthening as above.
2. Light plyometric/ medicine ball program if appropriate
3. Initiate progressive replication of moderate to demanding ADL/work activities.