



GOLDEN STATE ORTHOPEDICS & SPINE

SLAP REPAIR

- **Primary goal of PT: Protect SLAP repair**
- **Pain is NOT a good gauge of progression, healing time constraints CRITICAL**

PHASE I: Weeks 0-6 (Protected Motion Phase)

SLING FULL-TIME for 6 weeks

CRYOTHERAPY X 14 days

PROM @ Elbow & Forearm – NO isolated BICEPS contraction/lifting x 6 weeks

NO PULLEYS unless noted by MD (and then with elbow passively flexed to 60°)

No repetitive ER/IR (places too much stress at repair)

No Active Motion until 6 weeks post-op

No Strengthening or Isometrics until 12 weeks post-op

ROM LIMITS

- Sling for 6 weeks (unless otherwise noted by MD)
- AROM of wrist & hand
- Soft tissue modalities to axilla, pec major/minor for pain/swelling prn
- Initiate pre-setting of scapula and scapular stabilizers for posture re-education. Include scapular retraction/posture/shrugs/scapular clocks
- **Shoulder PROM** only: Focus on Passive Supine Forward Elevation in first 6 weeks as well as pendulums

Weeks 0-2 (Avoid EXTENSION & ABDUCTION)

- **FLEXION:** Up to 60°
- **ELEVATION:** Up to 60° in scapular plane
- **ER:** Up to 0° MAXIMUM (Peel-Back Mechanism)
- **IR:** Up to 45° maximum in scapular plane with elevation to 60°

Weeks 3-4 (Avoid EXTENSION & ABDUCTION WITH ER ROM)

- **FLEXION:** Up to 60°
- **ABDUCTION:** Up to 60° with UE IR (Peel-Back Mechanism)
- **ER:** Up to 30° in scapular plane with elevation up to 60°. AVOID AROM ER
- **IR:** Up to 60° in scapular plane with elevation up to 60°

Weeks 5-6 – Gradually improve PROM & Progress:

- **FLEXION:** Up to 120°
- **ABDUCTION:** Up to 60° with UE IR (Peel-Back Mechanism)
- **ER:** Up to 50° in scapular plane with elevation up to 60°. AVOID AROM ER
- **IR:** Up to 60° in scapular plane with elevation up to 60°



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- Initiate light posterior capsular stretching (Horizontal adduction below 90° elevation)
- Continue to work on scapular pre-setting for posture re-education

PHASE II: WEEKS 7-12 (MODERATE PROTECTION PHASE)

- D/C sling
- Allow use of operative extremity for light ADLs. **NO Lifting.**
- Gradually progress to AROM: Straight plane movements

Weeks 7-9:

- **FLEXION:** Up to 180°
- **ABDUCTION:** Up with UE ER to tolerance
- **ER:** Up to 90° at 90 abduction
- **IR:** Up to 70° at 90 abduction
- Begin extension A/PROM and begin Biceps AROM
- Begin light pain-free isometrics for shoulder musculature (ABD, ER/IR, Extension with UE @ side allowed).
- No biceps, forward flexion or elevation isometrics

Weeks 10-12:

- Progress ROM to functional demands of patient (i.e overhead athlete; combined movements)
- Progress ER to thrower's motion: ER up to 115° at 90° abduction

PHASE III: Weeks 13-20 (Minimal Protection Phase)

Weeks 13-16:

- Initiate Isotonic strengthening program with progressive strengthening of rotator cuff and scapular stabilizers
- Begin Biceps sub-maximal Isometrics then progress to Isotonic strengthening of Biceps as well as supination exercises
- Start light shoulder and UE strengthening (No < 5 lbs)
- Continue all stretching and maintain thrower's motion (ER)
- Initiate weights for RC strengthening as well as serratus, mid/low trap, bi/triceps ww T-Band IR and ER @ side
- Restricted sports activities (light swimming, half golf swings)
- Independent shoulder stretches and light plyometric program

Weeks 17-20:

- Initiate interval throwing program on level ground



PHASE IV: Week 21-26 (Advanced Strengthening)

- Initiate T-Band ER/IR at 90 Abduction (slow/fast sets)
- Continue strengthening program to progress endurance
- Progress Interval throwing program and/or initiate Sports-specific drills (including long-toss)

Phase V: Months 6-9 (RETURN TO SPORT)

- Advanced interval throwing program from pitcher's mound
- Continue/advance sports-specific drills

EXERCISES: PHASE I

- 1) **Passive Supine Flexion/Forward Elevation:** Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress to 120°. Then full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 2-3 times/day.



- 2) **Passive Pendulum Exercise:** Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated.



- 3) **Passive Elbow Flexion/Extension:** While standing or sitting, use non-op hand to bend & straighten elbow. Repeat 10 reps, 2-3 times/day.





EXERCISES: PHASE II

- 1) **Active external rotation (NO Weight):** Lie supine or on non-op side. With elbow bent to 90, rotate upper arm up and down (per guidelines). Repeat 5-10 reps, 2-3 times/day.



- 2) **Posterior capsular stretch:** Gently reach across body. Use other hand to pull elbow further across and hold for 10-20 seconds, 1-2 times/day.



- 3) **Wall Climb Abduction:** Stand with shoulders flush with doorway. Use thumb & fingers to climb sideways up wall as high as possible. Do 10-20 reps, 2-3 times/day.



EXERCISES: PHASE III

- 1) **Theraband ER and IR:** Secure knotted band in a door and grasp with hand. Keeping elbow bent, and in at side, pull band towards stomach, followed by pulling out with hand. Do 10-20 reps, 1-2 times/day.

