Mid-America Orthopedics

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Shoulder Arthroscopy: SLAP Repair Protocol

Initial Goals:

- Pain/Edema control
- Avoid stress to long head of biceps at all time

0-4 weeks post op

- Sling/immobilizer at all times until discontinued by doctor
- Modalities as needed
- Elbow / Wrist/ ROM
- After 7-10 days begin gentle forward flexion and ER PROM within pain-free range, avoiding ER beyond neutral and extension
- Scapular retractions

5 weeks post op

- Begin progressive passive range of motion
    - **Flexion to 90°** in plane of scapula
    - **Abduction to 90°**
    - **IR to 60°** at 20 deg of abduction
    - **ER to 30°** at 20 deg of abduction
    - **Extension to 30°**
- Pendulum ex's
- Scapular ex's – elevation, depression, retraction, protraction with manual resistance through these motions
- Begin IR/ER isometrics through with elbow at side
- Begin AAROM ex's supine

6 weeks post op

- Advance to Full ROM as tolerated (*Throwers require greater amounts of ER than non-throwers, so 100° (+) of ER would not be out of the question, in addition less IR is necessary about 75-80)*
- Sleeper stretch
- Begin standing isotonic RC ex's advance the weight on all ex's to 6-8lbs
    - **Flexion to 90°** thumb pointing up (flex shoulder to full with weight when able)

        - **Abduction 90°** thumb pointing up (abduct shoulder to full with weight when able)
        - **Scaption to 90°** thumb pointing up, elevate arm in plane of scapula, (empty can position)
        - **Scaption to 60°** thumb pointing down, same position as above but stop at 60° of abduction
        - **Standing IR/ER** with tubing with arm abducted 20-30° with pillow under arm
- Scapular Stabilization ex's:
        - **Elevation** with shoulder *shrugs*
        - **Depression** with *seated press ups*, (sitting with hands flat on the floor next to your hips, elbows locked raise your bottom off floor with movement from scapulas, use hand blocks for greater ROM when able
        - **Retraction** – *prone rows* in prone position arm at 90° elbow locked squeeze scapulas together while pulling heavy weight
        - **Protraction** – supine, *2" punch,* with arm flexed to 90° elbow locked with weight in hand push up from scapula using heaviest tolerable weight
- Proprioception exercises

8 weeks post op

- Add biceps curls with light weight and advance as tolerated
- Cont. standing RC ex's until 6-8lbs reached then move to core RC ex's if patient can fully flex and abduct shoulder
- Cont. with scapular stabilization exercises, advance weight as tolerated
- Cont. with propriopception exercises
- Begin isokinetic exercises
- Begin *Core Rotator Cuff Ex's* – advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps
        - **Prone flexion with thumb up** – arm perpendicular to floor in prone and flex forwards fully,
          12 O'clock position
        - **Prone Abduction 100° with thumb up** – arm perpendicular to floor in prone and horizontally abduct to
          level of body in scapular plane, 2 O'clock position for right handed patient (10 O'clock for left handed)
        - **Prone Abduction 45° with thumb up –** arm perpendicular to floor in prone and horizontally abduct arm
          to level of body, 4 O'clock position for right handed patient (8 O'clock for left handed)
        - **Prone Extension with arm in max ER –** arm perpendicular to floor in prone and arm extended to
          level of body, 6 O'clock position
        - **Sidelying ER** with hand weights with arm abducted 20-30°

10 weeks post op

- Continue with advancing RC strengthening to 8-10lbs on all motions

- Continue with advancing SC strengthening as tolerated
- Add manual resistance to ER in sidelying position for Eccentric training of posterior cuff
- UE plyometrics – medicine ball chest passes etc, no simulated throwing,
- Full ROM isokinetics
- Advance proprioception ex's
- May begin conventional weight lifting using machines and progressing to free weights if desired as tolerated

12 weeks post op

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase,
  late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps
  each speed up and down spectrum

14-16 weeks post op

- Throwers begin interval throwing program on level surface
- Continue strengthening and stretching programs
  - Emphasize posterior capsule stretching

Return to Sport/Activity

- Complete throwing program
- No pain or problems
- Usually 4-6 months

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.