UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE
AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

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SLAP REPAIR PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as lifting and sports early post-operatively may increase the overall chance of setbacks like reinjury and symptoms of pain, swelling, or instability should be closely monitored and reported by the patient.

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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

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Phase II (6-10 weeks) - 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 stretches PRN to maintain mobility
2. Aggressive scapula strengthening
3. Eccentric and concentric posterior cuff

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Phase III (10-16 weeks) - 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.