

SLAP Repair PT protocol

Phase I – Immediate Post-Surgical

Weeks 0-2 Post-op

1. Compliant with sling/ABD pillow
2. **P/AAROM FL to 120, IR/ER to 30**
3. Compliant with HEP given prior to/at time of surgery

Phase II – Graded AROM/Strengthening (*Start of formal PT*)

Weeks 3-6 Post-op

1. Progress P/AA/AROM within tolerance
2. No ER with ABD ≥ 90
3. No resisted elbow flexion and no lifting
4. Can initiate grades I and II GHJ mobs

Weeks 7-9 Post-op

1. Can initiate grades III and IV GHJ mobs
2. Progress isotonic and closed-chain exercises
3. Elbow flexion $\leq 5\#$
4. Full AROM

Weeks 10-11 Post-op

1. Can increase height of ER/IR t-band from 45 \rightarrow 90 ABD
2. Elbow flexion $\leq 10\#$, no overhead lifting $\geq 5\#$

Phase III – Advanced Strengthening for Return to Sport (*Optional Phase, dependent on patient's needs*)

Weeks 12-15 Post-op

1. Initiate plyometrics and/or isokinetic strengthening as appropriate

Weeks 16-24 Post-op

1. Initiate interval throwing and/or sport-specific training
2. Incorporate isokinetic testing as appropriate

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8. Incorporate BFR as appropriate		
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Weeks 7-9 Post-op

___/___/___ to ___/___/___

Interventions	Goals (by end of 9 weeks post-op)	Precautions
<ol style="list-style-type: none"> 1. Can use more aggressive GH joint mobs (grades III and IV) PRN to restore PROM 2. Elbow flexion with up to 5# 3. Progress above as tolerated 4. Progress isotonic as able (t-band/ light weight) 5. Progress closed-chain exercises (ex. wall push-ups) 	<ol style="list-style-type: none"> 1. I with HEP 2. AROM WNL 3. Able to reach behind back for wallet 4. Able to lift plate into eye level cabinet 	<ul style="list-style-type: none"> • No lifting > 5# • OK to gradually progress ER ROM in 90 ABD

Weeks 10-11 Post-op

___/___/___ to ___/___/___

This may be the end phase for non-athlete population. Discuss DC plans with MD as appropriate if patient does not require return to sport activities.

Interventions	Goals (by end of 11 weeks post-op)	Precautions
<ol style="list-style-type: none"> 1. Progress above as tolerated 2. T-band ER/IR (Must be pain-free and demonstrate good mechanics with increased intensity and speed) 3. Incorporate more closed-chain scapular stability (ex. quadruped, tripod, sidelying) and progress to include WB on unstable surfaces for increased proprioception 	<ol style="list-style-type: none"> 1. MMT 4/5 for elbow FL and shoulder FL, ABD, ER/IR 2. Able to lift 5# into OH cabinet 3. Ensure good scapulohumeral rhythm with strengthening/functional activities 4. Able to tuck in shirt and fasten bra <p><u>Examples of Exercises</u> ex. gradually increase amounts of abduction IR/ER is performed in and add in associated hip/core movements; incorporate Jobe's exercises; PNF patterns; modified plank holds, with and without associated movements; incorporate</p>	<ul style="list-style-type: none"> • No unilateral lifting overhead > 5# • Up to 10# unilateral carry

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	BOSU; think sport-specific movements	
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Phase III – Advanced Strengthening for Return to Sport

Weeks 12-15 Post-op

___/___/___ to ___/___/___

Interventions	Goals (by end of 15 weeks post-op)	Precautions/Suggestions for Return to Sport
<ol style="list-style-type: none"> 1. Progress above, increasing resistance/repetitions 2. Add plyometrics/plyoball exercises as appropriate <ul style="list-style-type: none"> • Chest pass • Overhead throw • Side throw • One-handed ball on wall 3. Isokinetic strengthening PRN 	<ol style="list-style-type: none"> 1. MMT 5/5 shoulder musculature 2. Able to place $\geq 10\#$ in overhead cabinet 	<ul style="list-style-type: none"> • Gradually progress exercise, taking caution with those which could stress the repair like wide-grip bench presses and overhead tricep presses • Avoid behind neck pull downs and overhead presses • Emphasize hands being visible and medium width with shoulder presses and pull-downs; utilize spotter for incline press • Bent elbows on flys; keep in front of body • No dips below 90 • Upright row no higher than elbow at shoulder height

Weeks 16-24 Post-op

___/___/___ to ___/___/___

Interventions	Goals (by end of 6 months post-op)	Precautions/Suggestions – Long-Term
<ol style="list-style-type: none"> 1. Initiate interval throwing program 2. Initiate sport-specific functional training 	<ol style="list-style-type: none"> 1. Return to sport/activity 2. I with HEP progression 3. Isokinetic testing PRN 	<ul style="list-style-type: none"> • Avoid overhead presses/behind the head pull downs