

REHABILITATION GUIDELINES FOR SLAP REPAIR II-IV

PHASE I (0-2 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Protect repair Decrease pain and inflammation Promote early stability Prevent effects of immobilization
Precautions	<ul style="list-style-type: none"> No active biceps contraction No active ER, extension, flexion or abduction PROM and AAROM: <ul style="list-style-type: none"> <u>Week 1</u>: flexion to 60 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees <u>Week 2</u>: flexion to 75 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees <u>Week 3</u>: flexion to 90 degrees, ER in scapular plane to 30 degrees, IR to 45 degrees Use of sling at all time except for PT and HEP until week 4
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> AAROM and PROM exercise within precautions Gripping exercises, wrist AROM exercises Submaximal rotator cuff isometrics
Cardiovascular Exercises	<ul style="list-style-type: none"> Walking and stationary biking
Progression Criteria	<ul style="list-style-type: none"> Rehab PROM/ARROM goals met Diminished swelling

PHASE II (WEEKS 3-4)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Discontinue sling at Week 4

SLAP REPAIR II-IV

Precautions	<ul style="list-style-type: none"> • No active ER, extension, flexion or abduction • PROM and AAROM: <ul style="list-style-type: none"> ○ Flexion to 90 degrees in scapular plane ○ Abduction to 85 degrees ○ ER to 30 degrees in scapular plane ○ IR to 45 degrees progressing to 60 degrees in scapular plane
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • AAROM and PROM exercises within precautions • Gentle submax isometrics • Initiate rhythmic stabilization drills • May begin ER and IR with bands/tubing 0 degrees abduction
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking and stationary cycling
Progression Criteria	<ul style="list-style-type: none"> • PROM goals met, Good tolerance to submax isometrics

PHASE III (5-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> • Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> • Begin AROM in all planes- gravity eliminated → gravity resisted
Precautions	<ul style="list-style-type: none"> • Flexion to 145 degrees • In 45 degrees abduction: ER to 50 degrees, IR to 60 degrees • Extension to tolerance • No biceps strengthening
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue with tubing/band for ER/IR at 0 degrees • Initiate active shoulder abduction and scaption • Begin gentle PNF beginning at mid-range progress to full range • Initiate prone exercises (rows, horizontal abduction) • Begin AROM elbow flexion, supination and extension
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking, stationary biking, begin light UBE
Progression Criteria	<ul style="list-style-type: none"> • AROM goals met

PHASE IV (7-9 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> • Physical therapy 2 x per week
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SLAP REPAIR II-IV

Rehabilitation Goals	<ul style="list-style-type: none"> • Full shoulder flexion and abduction by week 9 • Maintain integrity of repair • Restore muscle strength • Improve ER to 90 degrees and IR to 75 degrees
Precautions	<ul style="list-style-type: none"> • Submax isometrics of biceps for <u>type II repair</u> • No isometrics or isotonic strengthening of biceps if <u>type IV repair</u>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Isotonic RC, periscapular and shoulder strengthening • PNF work toward full ROM • Initiate throwers 10 program
Cardiovascular Exercises	<ul style="list-style-type: none"> • UBE
Progression Criteria	<ul style="list-style-type: none"> • ROM goals met

PHASE IV (WEEKS 10-12)

DATES:

Appointments	<ul style="list-style-type: none"> • Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full flexion, abduction ER at 90/90 should be achieved at week 12
Precautions	<ul style="list-style-type: none"> • If motion is progressing <u>avoid forceful techniques to gain ROM</u> • Type II repair: begin isotonic biceps strengthening at 12 weeks • Type IV: begin gentle submax pain free isometrics
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Progress shoulder, periscapular and shoulder strengthening
Cardiovascular Exercises	<ul style="list-style-type: none"> • UBE
Progression Criteria	<ul style="list-style-type: none"> • ROM goals met, Muscular strength improving

PHASE IV (WEEKS 12-20)

DATES:

Appointments	<ul style="list-style-type: none"> • Physical therapy 1 x per week, 1 x every 2 weeks
Rehabilitation Goals	<ul style="list-style-type: none"> • Establish and maintain full ROM • Improve strength power and endurance • Initiate functional exercises

SLAP REPAIR II-IV

Precautions	<ul style="list-style-type: none"> If ROM is still limited may use more aggressive stretching/mobilization techniques
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Throwers 10, RC, shoulder and periscapular strengthening Type II repair: progress biceps strengthening Type: IV: progress to gentle isotonic strengthening of biceps Progress endurance Initiate light plyometric program (2 arm throws->single arm throws) Chest pass->Overhead pass Slow return to sports: light swimming, half golf swings
Cardiovascular Exercises	<ul style="list-style-type: none"> Slow return to sports, running, UBE
Progression Criteria	<ul style="list-style-type: none"> Normal ROM, Normal muscle strength

PHASE IV (WEEKS 20+)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 1 visit every 3-4 weeks for HEP progression
Rehabilitation Goals	<ul style="list-style-type: none"> Work toward gradual return to activity Return to sport should be by 6-9 months
Precautions	<ul style="list-style-type: none"> NA
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Progress sport activity to unrestricted participation Continue with strengthening and stretching
Cardiovascular Exercises	<ul style="list-style-type: none"> Running, return to sports, UBE
Progression Criteria	<ul style="list-style-type: none"> Full return to activity

References:

PT name and date: Blake Rossi, PT March 2017

MD name and date: Brian Gilmer, MD March 2017

MAMMOTH ORTHOPEDIC INSTITUTE

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.924.4084

162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.7766

SIERRA PARK PHYSICAL AND OCCUPATIONAL THERAPY

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.934.7302

162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.2942