

SLAP Repair Guidelines[©] *

Follow Dr. Birmingham's modifications as prescribed

POST - OPERATIVE PHASE I (WEEKS 0-4) MAXIMUM PROTECTION PHASE

GOALS:

- Promote healing : reduce pain and inflammation
- Elevation in plane of scapula to 90°
- External rotation: MD directed
- Independent home exercise program

Emphasize:

- PROTECTING SURGICAL REPAIR
- Minimizing pain and inflammation
- Patient compliance with sling immobilization

PRECAUTIONS:

- Immobilizer at all times, except when exercising or bathing
- External Rotation and extension limited to neutral

TREATMENT RECOMMENDATIONS:

- Immobilizer; Gripping exercises; AAROM external rotation to neutral; AAROM elevation in PoS; AROM wrist/ elbow (supported to avoid biceps stress); scapular mobility and stability (sidelying, progressing to manual resistance); pain-free, submaximal deltoid isometrics; pain-free, submaximal RC isometrics; Modalities as needed; Home exercise program
- Other:

MINIMUM CRITERIA FOR ADVANCEMENT:

- External rotation: at least to neutral, MD directed
- Elevation in plane of scapula to 90°
- Minimal pain or inflammation

MODIFICATIONS TO PHASE I:

External Rotation to:

Patient Name:

Physician's Signature:

Date:

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POST - OPERATIVE PHASE II (WEEKS 4-8)

GOALS:

- Continue to promote healing
- Elevation in plane of scapula to 145°
- External rotation to 60°
- Begin to restore scapula and upper extremity strength
- Restore normal scapulohumeral rhythm

Emphasize:

- PROTECTING SURGICAL REPAIR
- Avoiding inflammation of rotator cuff
- Normalizing scapulohumeral rhythm

PRECAUTIONS:

- Limit external rotation to 30° until 6 weeks
- Avoid excessive stretch to the labrum and biceps
- Avoid rotator cuff inflammation

TREATMENT RECOMMENDATIONS:

- Discontinue immobilizer (surgeon directed); Continue AAROM elevation (PoS): wand exercises, pulleys; Continue AAROM external rotation: limited to 30° until 6 weeks; Hydrotherapy as required; Manual scapular side-lying stabilization exercises; progress scapular strengthening in protective arcs; Physio ball stabilization exercises; Internal/External rotation isometrics (submaximal/pain-free) progressing to isotonic internal/external rotation strengthening at 6 weeks; begin humeral head stabilization exercises; scapular plane elevation (emphasis on scapulohumeral rhythm); begin latissimus strengthening, limited to 90° forward flexion; modalities, as needed; modify home exercise program

MINIMUM CRITERIA FOR ADVANCEMENT:

- Elevation in plane of scapula to 145°
- External rotation to 60°
- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- Internal rotation/ external rotation strength 5/5

MODIFICATIONS TO PHASE II:

Patient Name:

Physician's Signature:

Date:

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POST-OPERATIVE PHASE III (WEEKS 8-14)

GOALS:

- Restore full shoulder range of motion
- Restore normal scapulohumeral rhythm
- Isokinetic IR/ER strength 85% of uninvolved side
- Restore normal flexibility

Emphasize:

- Monitoring ROM
- Avoiding excessive passive stretching
- Normalizing scapulohumeral rhythm

PRECAUTIONS:

- Avoid rotator cuff inflammation
- Avoid excessive passive stretching

TREATMENT RECOMMENDATIONS:

- Continue AAROM for elevation in scapular plane and external rotation; AAROM for internal rotation; aggressive scapular and latissimus strengthening; begin biceps strengthening; begin PNF patterns if internal/external rotation strength in 5/5; progress humeral head stabilization exercises; progress internal/external rotation to 90/90 position if required; general upper body flexibility exercises; upper body ergometry; Isokinetic training and testing; modalities as needed; modify home exercise program

MINIMUM CRITERIA FOR ADVANCEMENT:

- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- Full upper extremity range of motion
- Isokinetic internal/external rotation strength 85% of uninvolved side

MODIFICATIONS TO PHASE III:

Patient Name:

Physician's Signature:

Date:

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POST - OPERATIVE PHASE IV (WEEKS 14-18)

GOALS:

- Restore normal neuromuscular function
- Maintain strength and flexibility
- Isokinetic IR/ER strength equal to the unaffected side
- Prevent re-injury

Emphasize:

- Monitoring symptoms

PRECAUTIONS:

- Pain free plyometrics
- Significant pain with a specific activity
- Feeling of instability

TREATMENT RECOMMENDATIONS:

- Continue full upper extremity strengthening program and flexibility exercises; activity-specific plyometrics program; address trunk and lower extremity demands; continue endurance training; begin sport or activity-related program; modify home exercise program

CRITERIA FOR DISCHARGE:

- Isokinetic IR/ER strength equal to unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Independent home exercise program
- Independent, pain-free sport or activity-specific program

MODIFICATIONS TO PHASE IV:

Patient Name:

Physician's Signature:

Date: