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SLAP Repair Protocol:

Postop Rehab SLAP Repair: The patient underwent an arthroscopic SLAP repair. The following guidelines should be followed with the noted precautions: 1) Avoid external rotation with > 60° abduction until Stage III of the protocol; 2) Avoid hyperextension of humerus past neutral until Stage III of the protocol; 3) Avoid resisted biceps activity until Stage III of the protocol.

Stage I (1-6 weeks from the date of surgery)

- Sling 24 hr. (off for dressing and bathing only)
- PROM: Pendulums and table slides. If formal PT initiated then PROM initially in the scapular plane. External rotation performed in lower ranges of abduction (<60°) to avoid "peel-back"
- Ipsylateral elbow, forearm, wrist, and hand ROM
- Modalities to control pain as indicated

Stage II (6 weeks from the date of surgery)

- Wean from sling
- Progress gentle PROM with 90° of abduction to terminal ranges. Full ER at 90° abduction should be expected between 8-10 weeks post-op
- Initiation of sub-maximal internal and external rotation resistive exercises (manual resistance to light isotonic resistance within 10°-20° of abduction in the scapular plane to patient tolerance)
- Rhythmic stabilization at 90° of shoulder elevation with limited manual resistance to flexion to protect the SLAP repair
- Modalities as necessary for pain control

Stage III (12 weeks from the date of surgery)

- Initiation of biceps exercises with resistance.
- Begin rotator cuff progression: side lying ER, prone extension, prone horizontal abduction using a light weight
- Begin graduated upper body cycle for scapular and total UE strength
- Advance seated rowing allowing hyperextension of the humerus with resistance
- Advanced rotator cuff strengthening
- Modalities as necessary for pain control
- Progress to more advanced shoulder strengthening



Initiate sport specific activities as tolerated

Stage IV (Return to sport at 6 months from the date of surgery)

Follow your physician's and therapist's guidelines for returning to full sporting activity