



Arthroscopic SLAP repair
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| | PRECAUTIONS | Shoulder ROM | EXERCISES |
|--|---|--|--|
| Phase 1: 0-2 weeks 1-2x/week | Ultrasling with bolster day and night | minimal | AROM of the neck, hand/grip, wrist, and elbow **avoid active elbow flexion x 4-6 weeks** |
| Phase 2: 2-6 weeks 1-2x/week | Ultrasling with bolster day and night unless specified otherwise by surgeon | Limit: ER 45° IR 60° Flex 140° Extension 0° | Continue Phase 1 exs. Gentle Passive ROM in scapular plane **PROM is NOT STRETCHING** Pendulums Scapular isometrics Submaximal RTC and Deltoid Isometrics |
| Phase 3: 6-8 weeks 2x/week | D/C Sling MD will clear to drive No aggressive stretching | Limit: ER 60° IR 90° Flex 160° Extension - limited | Gentle AAROM to AROM progressions Light Elbow PRE's (arm at side) Rhythmic stabilization - begin with short lever arm week 6 Mid-range RTC PRE's below shoulder level Light rows/ scap retraction Prone I, T, Y's (don't extend past neutral) |
| Phase 4: 8-12 weeks 1-2x/week | none | Full PROM Full AROM | Continue phase 3 exs. Gentle capsule mobilization, posterior capsule stretching Rhythmic stabilization - begin with long-lever arm week 8 Improve scapular stabilization Light closed Chain and proprioception work |
| Phase 5: 12-16 weeks 1-2x/week | none | Full | Increase weight/resistance of RTC and deltoid program RTC strengthening in all planes (90/90) Dynamic stabilization exercises Body blade "Thrower's Ten" program Stretch any tight tissues Push ups |
| Phase 6: 16-24 weeks 1x/week | none | Full | Functional/Return to work activities Plyometrics Surgeon will give clearance for throwing program (5+ months) Surgeon will give clearance for weight lifting (5+ months) QuickDash <20% to return to work. |

MD post-op appts: 1 week, 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to each one.

**When possible, obtain operative report for exact extent/type of labrum and biceps repair.

** Decrease loads and strains on biceps. **GO SLOW!! Most young athletes are not going to get tight.**

This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post-op instructions.