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POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC TREATMENT OF SUPERIOR LABRUM ANTERIOR TO POSTERIOR (SLAP) REPAIR

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

****The following protocol is for an isolated SLAP Type II Repair. If a subacromial decompression is performed, follow this protocol. If an anterior stabilization procedure or rotator cuff repair is performed in addition to the SLAP repair, follow that protocol avoiding active biceps (elbow flexion and supination) until post-op week 7 unless otherwise specified by the surgeon.**

Post-op week 1:

- Wrist and hand AROM/gripping.
- Modalities (Ice, electrical stimulation)
- Avoid active elbow flexion and forearm supination, pendulums, shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side.

Post-op week 2:

- Note: P/AAROM may often be delayed to week 3-4.
- Gentle pain-free PROM for forward elevation to 120° limit and external rotation to 30° limit unless otherwise specified based off surgeon's intra-operative assessment.
- Supine self-assisted AAROM forward elevation within ROM limits.
- Supine AAROM external rotation with stick within surgeon's ROM limits based off intra-operative assessment. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Elbow PROM
- Continue wrist/hand AROM/gripping
- Modalities (Ice, electrical stimulation)
- Avoid active elbow flexion and forearm supination, pendulums, shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side.

The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.

Post-operative guidelines of arthroscopic treatment of Type II SLAP Repair

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Post-op week 3-4:

- Gentle pain-free PROM for forward elevation to 120° limit and external rotation to 30° limit.
- Continue supine AAROM exercises for forward elevation to 120° and external rotation to 30°. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow). Avoid "90/90" position for ER.
- Continue elbow PROM, wrist/hand AROM/gripping
- Pain-free Sub-maximal isometrics except shoulder flexion and elbow flexion
- Scapula control exercise by PT in side-lying: active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Modalities for pain
- Continue to avoid active elbow flexion and forearm supination, shoulder extension past neutral, lifting, pushing, pulling, carrying, and sleeping on the involved side.

Post-op week 5-6

- Gradually increase PROM forward elevation to 135° limit and external rotation to 45° limit.
- Continue AAROM exercises for forward elevation and external rotation within new ROM limits.
- Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying). Maintain ROM limits and avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended.
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint).
- Scapula control exercises (manual resistance, scapula PNF)
- Prone row and prone extension to neutral
- Continue week 3-4 program
- Avoid active elbow flexion and supination and maintain lifting restrictions

Post-op week 7

- Gradually restore P/AAROM exercises. Avoid "90/90" position until week 8.
- Begin internal rotation and extension ROM
- Begin AROM elbow flexion and forearm supination.
- Progress active forward elevation from gravity eliminated positions to semi-recumbent and to standing "full can" position in scapula plane if no scapula hiking.
- Begin side-lying AROM ER/IR (no weight)
- Progress scapula stabilization exercises
- Supine scapula punches
- Continue with week 5-6 program

Post-op week 8-9

- Initiate light resistance if normal AROM in these planes without abnormal or substituted movement patterns. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
    - Side-lying ER/IR
    - Prone extension, row, and progress to horizontal abduction
    - Scapula protraction supine
    - Elastic band/tubing for ER, IR, Extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing
    - Triceps
- Active forward elevation with thumb-up, "full can" position and progressed to resisted with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike
- Begin light strengthening of biceps if no symptoms with active elbow flexion
- UBE
- Stretch posterior shoulder/capsule (Sleeper stretch)
- Begin closed chain exercises
- Continue PROM/AAROM exercises all planes to restore normal ROM and begin ER in "90/90" position
- Progress strengthening program including triceps
- Begin appropriate PNF patterns

Post-op week 10-11:

- Progress open and closed chain strengthening exercises as appropriate
- Restore ER at "90/90" position
- Maintain PROM and flexibility especially posterior capsule

Post-op week 12-13:

- Continue with strengthening and endurance program
- Maintain PROM and flexibility and restore ROM needed for sport specific activity
- Begin light functional activity as appropriate and within surgeon's guidelines

Post-op week 14-16:

- Begin sports specific activity and plyometric program within surgeon's guidelines
- Return to work considerations
- Continue strengthening, endurance, and flexibility program.